

WRC Theatre Company

FALL 2021 CONTRACT

Director – Margaret Tench
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Dear Cast Member,

Welcome to WRC Theatre Company! We are so excited to have you with us for Fall 2021 semester. We are a fun, supportive, open, and accepting environment for all people and can promise that whatever program you participate in will be a lot of fun! You will meet many interesting people from all different backgrounds who will become like a second family to you. Before we can get the fun started, you must read and complete the below information.

Actor Contract

- I promise to learn my lines to the best of my ability.
- I will try to make it to as many of the rehearsals on time and prepared.
- I will clean up after myself.
- I will not show hate or be mean to anyone because they are different than me.
- I will be supportive of others and not make fun of them if they make a mistake.
- I will try to learn songs and dances even if they are somewhat challenging.
- I will work as part of a team to create an awesome show!

Actor Name (Print): _____

Actor Signature: _____

Important Information

- Rehearsals will take place September 18th - November 27th from 12-4PM at Warwick Reformed Church, 16 Maple Ave. Warwick, NY. Show times are Friday, December 3rd at 7pm and Saturday, December 4th at 2pm.
- All kids ages 11-17 are welcome to participate! Members of our cast come from all different schools including homeschoolers, Minisink, Warwick, Florida, Burke Catholic, and Sussex Christian.
- The cost for the semester is \$425. A non-refundable deposit of \$100 will be collected at auditions on September 11th.

Photo and Media Release

I authorize WRC Theatre Company, Warwick Reformed Church, and Tom Ciriello Photography to take photographs of my child in order to promote the organization on social media, our website, playbills, newspapers, and printout photo collages.

NOTICE OF COMPANY POLICY REGARDING PERSONAL INFORMATION:

WRC Theatre Company takes security of personal information very seriously. Upon submission, packets will be checked by Margaret Harrison to ensure all information is completed correctly, then will be placed in a secure location on the Church premises. Information will only be available to Margaret Harrison and/or medical personnel in the event of an emergency and will not be available to any youth or adult help. Once semester has concluded, all personal information will be destroyed. If you have any questions about privacy, please let me know.

RELEASE OF LIABILITY FOR PARTICIPATION IN WRC THEATRE ACTIVITIES:

PLEASE READ CAREFULLY

In exchange for participation in the activities of WRC Theatre Company organized by Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church, of 16 Maple Ave., Warwick, New York, 10990 and/or use of the property, facilities and services of Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church, I agree for my son or daughter to the following:

- 1) **AGREEMENT TO FOLLOW DIRECTIONS.** I agree on behalf of my son or daughter to observe all posted rules and warnings, and further agree to follow any and all oral instructions or directions given by Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church, or the employees or representatives of Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church.

- 2) **ASSUMPTION OF RISKS AND RELEASE.** I understand that there are certain inherent associated with the above described activities and I assume full responsibility for personal injury to my son or daughter, and further discharge Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church for injury, loss or damage out of my son or daughter's use of or presence upon the facilities of Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church, whether caused by the fault of my son or daughter, Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church, or third parties.

- 3) **INDEMNIFICATION.** I agree to indemnify and defend Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church against all claims, causes of action, damages, judgements, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my son or daughter's use of or presence upon the facilities of Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church.

- 4) **FEES.** I agree to pay for all damages to the facilities of Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church caused by any negligent, reckless, or willful actions of my son or daughter.

- 5) **CONSENT.** I _____, consent to the participation of my son or daughter, _____ in the activities of WRC Theatre Co. and agree on behalf of the above minor(s) to all of the terms and conditions of this agreement. By signing this release of liability, I represent that I have legal authority over and custody of the above minor(s).

- 6) **MEDICAL AUTHORIZATION.** In the event of an injury to the above minor during the described activities, I give my permission to Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church or to employees or representatives of Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will last for the duration of the semester. Margaret Harrison, WRC Theatre Company, and/or Warwick Reformed Church shall have the following powers:
 - a- The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or hospital;

 - b- the power to authorize medical treatment or medical procedures in an emergency situation; the power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.

Actor's Name (Print)

Parent's Name (Print)

Actor's Signature

Parent's Signature

Date:

Date: