

## Cast Member and Crew Responsibilities & Expectations

Being a part of an LYT production is a big responsibility and commitment. You are a member of a team and in order for the team to function well, all team members need to be present and working together. We want to put on a production that you, your family and friends will be proud of and that takes a whole lot of dedication and work!!

- Do not come to practice if you have any symptoms of sickness or if someone in your household is positive for COVID.
- Must attend rehearsals when you are scheduled. Absences are expected to be kept to a minimum. Please text Nita Jarrett if you will be absent. 336-250-3339
- You are expected to indicate all conflicts on the conflict sheet included in the audition materials. Please notify Nita as soon as an unforeseen conflict becomes known.
- Be ON Time for drop off and pick up!
- Tech Week Required—no excuses!! All cast members are expected to be present for the last two weeks before the production (that includes tech week). Tech week, the week leading up to the production will involve long hours and everyone (crew included) needs to participate. Tech week starts the Saturday before the performance and runs every day, including Sunday through the last performance.
- ONLY Cast members, crew, and parent volunteers will be allowed at rehearsals. We do not have the parent volunteer staff to supervise children that are not involved in the production.
- Turn in Silent Auction items. Each cast member is required to turn in a Silent Auction item. Please ask a local business for a donation to our Silent Auction. We have tax forms available if you need them.
- No theft: If a cast or crewmember is found to be “helping themselves” to other people’s property, they will be dropped from the production—no excuses.
- Respect and obey those in authority: All cast and crew are expected to follow instructions from LYT board members, parent volunteers, and to respect those in authority. This will include, but not be limited to, not talking, not eating, and putting away cell phones, other electronic devices, games and distractions when asked.
- Zero tolerance for disrespectful and inappropriate behavior: Cast members and crew alike, are expected to behave like “Ladies and Gentlemen” at all LYT rehearsals and functions.
- We have all ages and backgrounds participating in LYT. Cast and crew should keep their hands to themselves. No Public Displays of Affection.
- Respect rehearsal and performance spaces. There will be no tolerance for destructive or disruptive behaviors.
- Only water will be allowed in the rehearsal space.

Please sign and return.

We have read and agree to abide by the Lexington Youth Theatre Cast and Crew Responsibilities and Expectations document.

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

Cast Member Signature: \_\_\_\_\_

Lexington Youth Theatre Emergency Contact/Medical Info

Name of Production \_\_\_\_\_  
Cast Member Name: \_\_\_\_\_  
Parent: \_\_\_\_\_  
Parent Primary Phone: \_\_\_\_\_  
Actor Cell # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Cast Member: \_\_\_\_\_  
Email Parent \_\_\_\_\_

EMERGENCY CONTACT

(If parent cannot be reached, in the event of an emergency)

Name \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Please list any food allergies or special needs: \_\_\_\_\_

In the event of a medical emergency, I hereby authorize Lexington Youth Theatre and it's representatives to secure emergency medical treatment for my child \_\_\_\_\_.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

LEXINGTON YOUTH THEATRE AUDITION FORM  
lexingtonyouththeatreinc.com  
(Please attach head shot photo)

Cast Member Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Cell # (actor) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cast Member email: \_\_\_\_\_  
Parent email: \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_ Ht. \_\_\_\_\_ Birthdate \_\_\_\_\_  
Parent's Name to contact about LYT information during practice and performance times.  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
What part would you like in the play? \_\_\_\_\_  
If you do not get that part will you take another? YES/NO (Circle one)

Experience (Write on back if needed)

---

---

---

---

---

(Conflicts do not excuse you from practice.)

Conflicts---Activity: \_\_\_\_\_ Day of the Week: \_\_\_\_\_ Time: \_\_\_\_\_  

---

---

---

---

----- PLEASE DO NOT WRITE BELOW THIS LINE---DIRECTOR'S USE ONLY

Vocals (1-5) \_\_\_\_\_  
Acting (1-5) \_\_\_\_\_  
Choreography (1-5) \_\_\_\_\_  
Suitability (1-5) \_\_\_\_\_  
Experience/History (1-5) \_\_\_\_\_  
Total (1-25) \_\_\_\_\_

LEXINGTON YOUTH THEATRE  
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. IN CONSIDERATION for participation in Lexington Youth Theatre's production and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Lexington Youth Theatre, its Board of Directors, officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises. 2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I give my permission for the use of my name and likeness to be used for informational and publicity purposes. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. 3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise. 4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of North Carolina. 5. I UNDERSTAND THAT LEXINGTON YOUTH THEATRE WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN. 6. I further agree to become familiar with the rules and regulations of Lexington Youth Theatre concerning student conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction. 7. I also understand that I should and am urged by LYT to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the activity or the transportation to and from said activity. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same. IN WITNESS WHEREOF, I have hereunto set my hand on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Participant or Parent Signature (Parent must sign if under 18 years old)

\_\_\_\_\_  
Printed Name of Participant or Parent