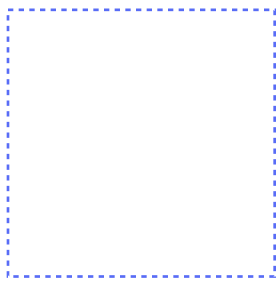




LAMONDANCE S9 AUDITION FORM 2017 | 2018



CANDIDATE #

Name: _____

DOB: ____ / ____ / ____ Age: _____ Citizenship: _____

e-mail: _____

Phone: _____

Address: _____

City: _____

Country: _____

Trained at (Company/dance school):

Languages Spoken: _____, _____, _____

Years of Dance Training: _____ Pointe Work? **Yes** **No**

Additional information about you:

How did you hear about Lamondance?:

Why do you want to be trained by Lamondance dance program?

*** all dancers need to add a résumé and a headshot with the application form**

APPLICANT FILE

(The personal information contained in this file will be kept confidential by *Lamondance*. Only persons who require this information in the performance of their duties will have access to it.)

I acknowledge and agree that the following elements will be used to build my applicant file: résumé, evaluation of my performance, photographs or video document of my artistic performances and I agree that this file will be consulted by the Lamondance Company in the execution of the organization's artistic activities.

PROHIBITIONS

The use of electronic equipment such as camera, video camera, cellular phone or any other device to record or take pictures of the audition in part or in whole is strictly forbidden, unless prior authorization has been given by Lamondance's Audition representative. In such a case, recorded material shall not be reproduced in any manner whatsoever including without limitation for personal promotion or reproductions on any Websites.

EXEMPTION OF LIABILITY AND ASSUMPTION OF RISK

I acknowledge that my participation in the Lamondance audition season 9 held on:

may involve the risk of accident that could result in serious injuries. I hereby release Lamondance., from any liability in connection with any injuries I may suffer as a result of my participation and my performance during the audition, including the loss of any accessory, equipment or personal belonging.

Date _____

Name of the dancer (please print)

Dancer Signature

ASSIGNMENT OF RIGHTS

I _____ **UNDERSTAND** that the photographs, videos or audio recordings of me may be circulated widely and that, if posted on the Lamondance’s website, in its online searchable image bank or on any other websites, they will be available to the public.

FOR THE PURPOSE STATED ABOVE, I CONSENT to be photographed, video recorded and audio recorded by Lamondance or its authorized representatives.

I ALSO GIVE MY PERMISSION to Lamondance, to use, reproduce, publish, transmit, distribute, broadcast and display photographs, videos or audio recordings that contain my image or voice, with or without my name associated with them. In any current or future Lamondance material, publications, multimedia productions, video, displays, advertisements and on the program’s website, social media website and other current or future media, without further notice to me or without my approval of the finished photographs, videos or audio recordings.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND this consent form.

Signature of participant Print name Date

Signature of parent / legal guardian Print name Date
(if participant is under 18 years old)

First and last name of artist: _____

I, the undersigned, am the mother/father (please circle your relationship with the dancer) of the aforementioned artist and certify that he/she is a minor (hereinafter referred to as the “minor dancer”).

However, if I am unable to attend the audition, I agree that _____ will serve as guardian of the minor dancer during the audition.

Date _____

Name of parent (please print)

Signature of parent

Name of guardian (please print)

Signature of guardian during the audition