

Name: _____

Please examine the rehearsal/performance schedule and note any conflicts that you will have.

Most rehearsals occur 7 pm to 10 pm.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Aug 28	29	30	31	Sept 1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	Oct 1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21 Perf 7:30 PM	22 Perf 7:30 PM
23 Perf 2:00 PM	24	25	26	27	28 Perf 7:30 PM	29 Perf 2:00 PM Perf 7:30 PM
30 Perf 2:00 PM	31	Nov 1	2	3	4 Perf 7:30 PM	5 Perf 7:30 PM
6 Perf 2:00 PM						

Those auditioning/rehearsing/performing shall indemnify and hold harmless TD and their officers, agents, members and employees from any and all damages, loss or liability of any kind whatsoever, by reason of injury or third person occasioned by an error omission or negligent act of Applicant, its officer, agents, employees, invitees, or other persons for whom it is legally liable, with regard to the performance of this agreement, and those auditioning will at its cost and expense defend TD, their officers, agents, employees, and members against any and all such claims and demands. Applicant further agrees to indemnify TD for any and all injury and/or damage to its staff and/or facilities by those auditioning, participating, patrons, visitors or other person injuring or damaging the TD staff or facilities as a consequence of this audition/rehearsal/performance use of the aforementioned facilities. I have read the rehearsal and performance schedule for *Cabaret*; except as indicated above, I am available for all rehearsals/performances shown. I also agree to follow and adhere to all rules, policies and guidelines of Theatre Denton.

Signature

Date

Parent/Guardian Signature (For children under 18 of Age)

Date