



## Showstoppers Workshop Application

Name \_\_\_\_\_ Age \_\_\_\_\_

Additional Children and ages \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ Phone- Cell \_\_\_\_\_

City / Zip \_\_\_\_\_ Phone- Home \_\_\_\_\_

Do you give permission for PCT to publish photos of you for publicity purposes: **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_.

Would you like to be added to PCT's database to receive future emails regarding shows and auditions: **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

Dance/Singing Experience (if any): \_\_\_\_\_

Special Performance Skills (i.e. Juggling, Guitar Playing, Handstands, Gymnastic etc.): \_\_\_\_\_

### Previous Experience (or attach resume)

Show/Role	Theatre Company	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any other information you would like to share with us?

\_\_\_\_\_  
\_\_\_\_\_

Signature acknowledges accuracy of the provided information and of the participation agreement.

Please provide t-shirt size(s) \_\_\_\_\_ YOUTH \_\_\_\_\_ ADULT \_\_\_\_\_ SM \_\_\_\_\_ MED \_\_\_\_\_ LRG \_\_\_\_\_ XL Other \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: If applicant is a minor (under 18) Parent or guardian must sign and provide contact information.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Parent (printed):** \_\_\_\_\_ **Phone Cell:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_ **Phone Home:** \_\_\_\_\_

## **Pittsburg Community Theatre Participation Agreement**

### **Acknowledgement of Risk and Waiver of Liability**

I hereby agree to hold Pittsburg Community Theatre (PCT) harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the event, or that may otherwise arise in any way in connection with any interactions received from participation in PCT events and activities. I understand that this release discharges PCT from any liability or claim that I, my heirs, or any personal representatives may have against PCT with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection with PCT events and activities. This liability waiver and release extends to the PCT, together with all owners, partners, and employees. By signing below, I express my understanding and intent to accept this Release and Waiver of Liability willingly and voluntarily.

### **COVID-19 Release & Waiver of Liability**

I hereby acknowledge:

- The contagious nature of the Coronavirus/COVID-19 and that the CDC and other public health authorities recommend vaccination and social distancing. Masks are not mandated at this time but subject to change if circumstances change.
- I further acknowledge that the PCT Production Team have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19, including social distancing, availability of hand sanitizer, optional mask/vaccination.
- I further acknowledge that the PCT Production Team cannot guarantee that I or my minor child will not become infected with the Coronavirus/COVID-19.
- I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to Event staff, and other Event clients and their families.
- I will immediately inform the PCT production or event staff if I develop any symptoms of COVID-19 during my participation, or if I believe that I have been exposed to COVID-19.
- If the participant is a minor, I agree to review and discuss this agreement and the related requirements with the participant.

### **Code of Conduct**

At Pittsburg Community Theatre (PCT), we want to ensure that each person involved with our organization feels safe and supported in their effort to create live theatre for our community. Our expectation is that the standards set forth in these guidelines are upheld by each participating member. Furthermore, we wish to ensure that safe and confidential avenues exist for any participating members who want to report oppressive behavior occurring within the organization.

- Respecting Your Fellow Artist
- Recognizing Oppressive Behavior
- Sexual Harassment

Any reported incidents of harassment or assault at any PCT function will be taken seriously and dealt with swiftly. This may include reporting the incident to the police. This may also include the immediate expulsion of the offender from any PCT activities.

### **Reporting Harmful Behavior**

If you witness discrimination, harassment, or any other form of oppressive behavior, know that there are supportive members within our organization with whom you can speak. If you do not feel comfortable addressing the behavior with the creative team of your production, please know that the members of our board of directors are always available as a resource. Refer to your contact sheet from the production team for complete contact information or call 925-439-PLAY (7529) and you can speak with a board member.

### **Tuition and Miscellaneous Fees**

Workshop fees: \$375 per child.

Multiple children within the same family \$350 per child.

Each participant receives 1 complimentary ticket per performance and a show t-shirt.

A 3.5% fee is applied when paying online using a credit card (see link below).

Payments made with Venmo or by cash/check incur no additional fees.

In addition to the workshop fee, families are to supply appropriate dance shoes (typically jazz shoes) if needed and undergarments (for modesty). These undergarments can be simply biker shorts with a tank top (color of undergarments are dictated by costume requirements). Also, families are to contribute \$5-\$10 for directors gifts and if you desire, a digital copy of the performance for \$25.