



2020-2021  
**COMPANY AUDITION APPLICATION**

**AUDITION**

# \_\_\_\_\_

- ☐ Photo ☐ Resumé ☐ Video  
☐ 2019-2020 Company Member

**For office use only**

LAST NAME (*legal name*) \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

OCCUPATION/WORKSITE \_\_\_\_\_

**NOTE: If you are a dance instructor, please list all studio/site affiliations on the reverse side.**

CURRENT SCHOOL/MAJOR \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CELL \_\_\_\_\_

MEDICAL/HEALTH CONCERNS THAT WE NEED TO BE AWARE OF: ☐ NONE ☐ YES

(If yes, explain here) \_\_\_\_\_

WHAT DO YOU HOPE TO GAIN BY BEING A MEMBER OF ADC?

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

YOUR SOCIAL MEDIA WEBSITES (*Check all that apply*)

☐ Facebook ☐ Twitter ☐ Instagram

☐ Tumblr ☐ Snapchat ☐ Other (*Specify*) \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT THIS AUDITION?

☐ Twitter ☐ Facebook ☐ ADC Website ☐ Instagram

☐ ADC Dancer (*Identify*) \_\_\_\_\_ ☐ Other (*Specify*) \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER OF ANY OTHER ORGANIZED DANCE GROUP(S)? ☐ NO

☐ YES (*Specify*) \_\_\_\_\_

AUDITION #



LAST NAME (legal name) \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

SPECIAL SKILLS (e.g., tumbling, partnering, singing, aerial, etc.)

SCHEDULING ISSUES: List scheduling conflicts and/or commitments that may interfere with 100% ADC participation. Be transparent. Full disclosure will not automatically disqualify you from membership consideration.

HAVE YOU EVER BEEN CONVICTED OR ENTERED IN A PLEA OF GUILTY (OR NO CONTEST) TO A CRIME? ☐ NO ☐ YES

DANCE INSTRUCTORS: Please list all studio/site affiliations.

STUDIO/SITE NAME	CITY/STATE	CURRENT OR PAST EMPLOYEE	
		(within last 3 years)	
		<input type="checkbox"/> CURRENT	<input type="checkbox"/> PAST
		<input type="checkbox"/> CURRENT	<input type="checkbox"/> PAST
		<input type="checkbox"/> CURRENT	<input type="checkbox"/> PAST
		<input type="checkbox"/> CURRENT	<input type="checkbox"/> PAST
		<input type="checkbox"/> CURRENT	<input type="checkbox"/> PAST

ADDITIONAL INFORMATION NOT LISTED ABOVE THAT YOU FEEL IS PERTINENT TO YOUR APPLICATION.

A panel of judges, including the **Ashleyliane Dance Company** Artistic Director, will score your performance. The Artistic Director reserves the right to have the final decision. The **Ashleyliane Dance Company** does not discriminate on the basis of race, color, sex, gender identity, sexual orientation, religion, age, ethnic or national origin or disability.

PARTICIPANT’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ASHLEYLIANE DANCE COMPANY**  
Release and Waiver of Liability Form

**PLEASE READ THIS CAREFULLY.**

I \_\_\_\_\_, the undersigned, on my own behalf and on behalf of my heirs, executors, representatives, administrators, and assigns hereby release, waive, and forever discharge the Ashleyliane Dance Company ("Company") its officers and agents and employees from any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that may occur as a result of my participation during the audition process and the 2020-2021 program year should I be accepted as a member of the Company.

I agree to indemnify, hold harmless, and defend the Company from injury whether such injury is caused by my negligence, the negligence of the Company or the negligence of any third party. This Release and Waiver of Liability (this "Release") shall be construed in accordance with the laws of the State of Missouri.

I agree to indemnify, hold harmless, and defend the Company from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, incurred by the Company and arising out of or in any way related, directly or indirectly, to the undersigned's participation in the auditions and the 2020-2021 program year should I be selected as a member of the Company.

Furthermore, I understand that the Company from time to time produces promotional material relating to its programs. I understand that as a participant in the audition process and the 2020-2021 program year should I be selected as a member of the Company, I may be included in videotapes or photography taken during the audition process and thereafter. Therefore, without reservation or limitations, I hereby assign, transfer, and grant to the Company, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape me and to utilize such videotapes and photographs and my name, likeness, voice, and appearance as a part of the auditions and the 2020-2021 program year should I be selected as a member of the Company, in advertising and promoting the Company or in advertising and promoting similar future events. Moreover, the Company from time to time may disclose participants' information.

By signing this Release, I state that I have read and understand the conditions set forth in this Release and I agree to all the conditions set forth herein.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date