

## Participation Agreement (updated November 6, 2017)



Each cast member/family is asked to sign this Participation Agreement so that you understand your responsibilities to CVFT, your fellow actors, and the ticket buying public. If you have any questions before signing, please ask the director or a member of the CVFT Board of Directors. CVFT, as referred to herein, refers to Chaska Valley Family Theatre and its members, Board of Directors, cast, crew, volunteer participants, and audience.

1. **DATES:** I'm aware of the performance dates, times, and location, and unless I have serious illness, family emergency, or the show is cancelled, I'll be there at the scheduled time before each performance.
2. **ATTENDANCE:** I'll be on time and prepared for all rehearsals and performances. I have reviewed the rehearsal schedule, and to the best of my ability, I have made my prior schedule conflicts known to the director. If I cannot attend a scheduled rehearsal, I'll contact the Stage Manager as soon as I know that I can't make it. I am aware that if I have too many unplanned absences, I may be asked to step down from my role or be excused.
3. **CONFLICT:** If I have a problem or a conflict with any cast member or production staff person involved in this production, I'll bring it to the attention of the director or another production staff member to help me resolve it.
4. **PARTICIPATION FEE:** I'm aware that there is a fee of \$0 per person/\$0 per family maximum to participate in this production. This fee demonstrates my commitment to CVFT, and is due at the first cast meeting.
5. **COSTUME:** I understand that I am responsible for the care of my own costume, whether rented or owned. I understand that if I lose or damage my costume, I will be financially responsible for repairing or replacing it.
6. **RISK:** I understand that my participation in this production may involve certain physical risks and hazards on and off the stage. I voluntarily assume any and all risks, known or unknown, associated with my participation. If I am injured in any way during a rehearsal or a performance, I will not hold CVFT responsible. I further understand that if I sustain any type of injury or have any lost time because of an injury, the responsibility to care for that injury rests entirely with me, and that I won't seek recourse against CVFT. To the fullest extent permitted by law, I agree to release CVFT from all liability in any way resulting from, injuries or damages incurred while participating.
7. **AMATEUR:** I understand that CVFT is an amateur, nonprofit theater organization, and that I will not be paid for my participation in the production. I will provide a short personal biography for the show program or other promotions and advertisements, with no expectation of compensation of any kind.
8. **FACILITIES:** I'm aware that I am responsible for the care of the rehearsal and performing facilities. I will not bring drinks (other than water) or food into the theater. I'll help clean up after the productions, and I'll help strike the set and clean up after the final performance.
9. **MEDIA:** I agree not to post videos or photos on social media that violate copyright laws or that disparage or damage CVFT's reputation or that put CVFT in danger of copyright infringement or

lawsuits. If I am an adult participant 18 years of age or older, I will not exchange any electronic communication with minors involved in the production except for the express purpose of communicating production schedules and related information.

10. BACKGROUND CHECK (18 years of age+): In order to provide the Chaska Valley Family Theatre (CVFT) with information and opinion that may be useful as it relates to my participation, I authorize CVFT, or its agent, to perform a public records search with Trusted Employees for all records available under the law.

I have read and agree to these conditions, and will comply with all CVFT policies posted at [www.cvft.org/about/aboutthetheater](http://www.cvft.org/about/aboutthetheater)

Detach the signature portion and return to CVFT.

I have read CVFT's Participation Agreement and agree to all conditions listed. I have viewed and will comply with all CVFT policies posted at [www.cvft.org](http://www.cvft.org).

Signatures of immediate family members involved in production. Parent should sign for children 17 years old and younger.

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Print Name	Signature	Date
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Print Name	Signature	Date
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