Date:_____/____

SHADOCON – PERFOMER TRYOUT FORM				
Name of applicant (*last, first, middle*)				
Mailing address (*number and street*)				
City	County		State	Zip Code
E-mail Address:			Day Phone ( )	Cell Phone ( )
Age / Date of Birth (MM/DD/CCYY)	Height	Weight	Hair Color	Eye Color
Primary Emergency Contact			Day Phone ( )	Cell Phone ( )
Secondary Emergency Contact			Day Phone ( )	Cell Phone ( )
List any and all allergies or medical conditions you have:				
List two forms of transportation you will use to get to practices (list people):				
How did you hear about Auditions?				
Which roles do you most desire?				
Other roles you are interested in:		Roles you will not accept (be honest):		
Acting experience:				
Fighting / Weapons and or movement experience:				
Why are you trying out?				
IMPORTANT: List any scheduling conflicts with practice dates:				

STAFF NON-DISCLOSURE AGREEMENT - PHOTO/VIDEO RELEASE – HOLD HARMLESS

FOR GOOD CONSIDERATION and in consideration of being involved with ShadoCon, henceforth known as the "Convention", and ShadoCon, LLC., henceforth known as the "Company", the undersigned staff member hereby agrees and acknowledges the following:

1. That during the course of my involvement with the Convention there may be disclosed to me certain trade secrets of the Convention and/or Company. Said trade secrets are consisting but not necessarily limited to:
   (a) Technical information: Methods, processes, formulae, compositions, systems, techniques, inventions, machines, computer programs and research projects.
   (b) Business information: Customer lists, pricing data, sources of supply, financial data and marketing, production, event planning, or merchandising systems or plans.

2. I agree that I shall not during, or at any time after the termination of, my involvement with the Convention, use for myself or others, or disclose or divulge to others including future employees, any trade secrets, confidential information, or any other proprietary data of the Convention and/or Company in violation of this agreement. I agree not to disclose any information pertaining to the Convention and Company, written, verbal or otherwise.

3. I hereby authorize and give my full consent to the Convention and Company to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this Convention. I further agree that the Convention and Company may transfer, use or cause to be used, these photographs, videotapes, or films for any sales, exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

4. I, the undersigned in full recognition and appreciation of the inherent risks and dangers to which I may be exposed during my participation with the Convention and Company, do hereby agree to assume all the risks and responsibilities surrounding my participation in this activity or any activities undertaken as an adjunct there to; and further, I do for myself, my heirs, executors, and administrators hereby defend, hold harmless, indemnify and release, and forever discharge the Convention and the Company and all its officers, agents and employees from and against any and all claims, demands and actions or cause of action, on account of damage to personal property, or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of, the Convention and Company and its officers, agents, or employees during the period of my participation as aforesaid.

5. The Company reserves the right to request a drug test from a participant any time there is reasonable suspicion that he/she may be engaged in the use of banned substances. Furthermore, a participant 's possession or use of a prohibited substance, arrest or conviction related to the possession of, use or trafficking of banned substances, and/or abnormal conduct interpretable as being caused by the use of banned substances, all rise to the level of reasonable suspicion. Any refusal to submit to a drug test or a positive finding will result in immediate termination without future consideration for reinstatement.

6. That upon the termination of my involvement from the Convention and Company:
   (a) I shall return to the Convention and Company all documents and property of the Convention and Company, including but not necessarily limited to: drawings, blueprints, costumes, weapons, props, reports, manuals, correspondence, customer lists, computer programs, and all other materials and all copies thereof relating in any way to the Convention's and Company's business, or in any way obtained by me during the course of employ. I further agree that I shall not retain copies, notes or abstracts of the foregoing. I agree not to disclose any information pertaining to the Convention and Company, written, verbal or otherwise.
   (b) The Convention and Company may notify any future or prospective employer or third party of the existence of this agreement, and shall be entitled to full injunctive relief for any breach.
   (c) This agreement shall be binding upon me and my personal representatives and successors in interest, and shall inure to the benefit of the Convention and Company, its successors and assigns.

I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that should investigations disclose such, my application may be disqualified and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position with the Convention and the Company.

Signature of Applicant	Date Signed
Parent's Signature	Date Signed
Convention/Company Signature (Official use only)	Date Signed

Signed and sworn to before me on this ____ day of _____, 20___ by _____.

_____ My Commission Expires: _____ My Commission #_____
Notary Public

If under 18, this form is to be signed and notarized at the start of activities for the Convention/Company and is good for the participation of the activity or any or any similar activities performed for the Convention/Company for one year from the date of notary.

Audition Evaluation (For directors' use only)	
Direction Taking:	1 2 3 4 5 6 7 8 9 10
Weapons Handling:	1 2 3 4 5 6 7 8 9 10
Physical Fitness:	1 2 3 4 5 6 7 8 9 10
Improv:	1 2 3 4 5 6 7 8 9 10
Attitude:	1 2 3 4 5 6 7 8 9 10
Presentation:	1 2 3 4 5 6 7 8 9 10
Presence:	1 2 3 4 5 6 7 8 9 10
Would this Performer represent ShadoCon well?	Yes Possibly No
Comments	
Recommendation	