



Audition Video URL: _____

Film: _____ Date: _____

Name: _____

Mailing Address: _____

City: _____ State/ZIP: _____

Phone Days: _____ Evenings: _____

Email Address: _____

Formal Training (acting, voice, dance, technical, other)

Past Experience (name of film, part played, when, where, *continue on separate page if needed*)

Height: _____ Weight: _____

Age: _____ Gender: _____

Part or parts auditioning for: _____

Will you take another role, if offered? _____

Are you available as technical support? _____

If so, in what capacity? _____

Rehearsal conflict dates: _____

DIRECTOR'S COMMENTS (Do not write below this line)

General comments: _____

Voice: _____

Movement: _____

Technical help: _____

Other: _____

TURN OVER FOR VOLUNTEER DISCLOSURE & PHOTO RELEASE

VOLUNTEER DISCLOSURE & Photo/Video Release Agreement for Labancamy Fims Volunteers

Labancamy Films
3214 Utah
Saint Louis, MO 63118

For those auditioning ... if you are cast in a Labancamy Films project, here are some things the Governing Board would like you to know about Labancamy

- Labancamy does not pay actors, or provide reimbursement for mileage, unless contractual obligations are made.
- You authorize Labancamy Films to use photographs or videos of you for promotional purposes in any type of media, including its website, without payment or any other consideration.

Please talk to the film's director or the company liaison if you have questions about these or other issues.

Please read the following carefully and sign below to indicate your agreement.

I grant to Labancamy Films, its representatives and employees the right to take and use photographs and video media of me. I authorize Labancamy Films, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Labancamy Films may use such photographs of me with or without my name and for any lawful purpose, including publicity, illustration, advertising, social media and the organization's website.

I have read and understand the above:

Signature: _____

Printed name: _____

Date: _____

DIRECTORS: Please return completed forms to the Labancamy Films business office.