

**Parental/Legal Guardian Consent Form**  
**Minors applying for auditions at Corning Opera House**

Please complete this form and return to the Corning Opera House at Auditions!

THE PARENT/GUARDIAN **check primary contact**

Mother Name:.....

Father Name .....

Address:.....

Cell number:.....

E-mail address:.....

Name & Phone Number Emergency Contact .....

**FIRST CHILD**

Full Name and Surname:.....

Age:.....Grade in school in fall:.....

Please list any food allergies: .....

Previous Acting/Music Experience.....

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.....

**SECOND CHILD**

Full Name and Surname:.....

Age:.....Grade in school in fall:.....

Please list any food allergies: .....

Previous Acting/Music Experience.....

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.....

.....



**Please read the following and initial approval on the lines:**

\_\_\_\_\_ Corning Opera House cannot guarantee audition or casting for your child/ward. Not being cast does not necessarily reflect upon a child's talent or ability. We want to encourage parents or other responsible adults to talk about the audition process with your child. Just going through the auditions is an event many adults are much too scared to ever attempt-- your child deserves praise, whatever the outcome may be! Your attitude about these auditions and the outcome will be a key factor in determining whether this is a positive experience for your child.

\_\_\_\_\_ Yes, I give permission for my child/ward to be cast in this play/musical and to attend auditions at the Corning Opera House.

\_\_\_\_\_ Yes, we will make this a top priority commitment by attending rehearsals, memorizing our parts, and having a good attitude.

\_\_\_\_\_ Yes, I give permission for photographs, video, and quotations from my child/ward to be used for appropriate promotional purposes.

\_\_\_\_\_ I understand that it is sometimes necessary for the director to touch individuals to give proper instruction.

\_\_\_\_\_ I understand that there is a potential for injury/illness with participation in any activity related to COHCC; and while COHCC will make every reasonable effort to eliminate the potential for injury/illness, such an injury/illness may still occur. I understand this risk and agree to hold COHCC, their board, and volunteers harmless from any and all liability connected with any injury/illness arising out of participation in activities related to COHCC.

\_\_\_\_\_ I understand that the Corning Opera House Cultural Center (COHCC) is a non-profit, 501(c)3 organization.

\_\_\_\_\_ I hereby give my consent for Corning Opera House Casting Department to hold the above details on file in accordance with the Data Protection Act 1998 (as amended).

I declare that I am the parent/legal guardian of ..... and that I have completed this form accurately and to the best of my knowledge.

\_\_\_\_\_

Print Name of Parent

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Please return this form to Corning Opera House auditions.  
800 Davis Avenue, Corning, IA 50841**