

WELCOME TO IMAGINE PRODUCTIONS COMPANY EXPECTATIONS

POINTS OF PROFESSIONALISM

- Always put forth a positive and professional image to the public and within this production. You represent Imagine Productions. Please be mindful that your actions/remarks outside of rehearsal can have consequences for the company.
- We wish to respect your time and ours. If we start on time, we can end on time. The rehearsal schedule is designed to be efficient and with your help, time will not be wasted.
- If you are arriving with food directly, please finish it quickly and discreetly. A break will be given at a convenient midpoint for each rehearsal.
- Please put cell phones on vibrate during rehearsal and wait to return non-urgent calls until a break or after rehearsal. Unnecessary texting will also reduce efficiency of rehearsal time.
- Work together as an ensemble and support one another as we put together this production. Arguing, teasing, and other similar destructive behaviors will destroy cast unity. Instead, lend either a support or helpful hand to others. Remember the first word in “community theatre” is community. 😊
- Each cast member is personally responsible for learning and memorizing the script and music as quickly as possible. Songs and lines should be learned by the director’s due dates.
- Respect the chain of command and understand when it is appropriate to take concerns to a board member, the director, or their delegates.

POINTS OF IMAGINE PRODUCTIONS’ POLICY

- You may not rehearse or perform if you are under the influence of alcohol or drugs.
- Imagine Productions and the associated rehearsal spaces are not responsible for items lost or stolen. Please secure all personal belongings.
- Please be respectful of the rehearsal and theater space, as Imagine Productions is a guest in the venue. Be mindful and clean up after yourselves. With most venues being a shared space, please make sure to only be in the approved spaces of the building.
- All rehearsals are closed. Friends and family may not “crash” a rehearsal, unless specifically authorized by the director or a board member
- As a company, we have taken a strong stance against sexual harassment to protect the comfort of cast, crew, and staff. If you feel uncomfortable, are being harassed outside of rehearsal or online by someone related to the company, or observe this behavior toward others, please contact Shannon Daly (shannon@imaginecolumbus.org) with any confidential concerns related to this point.

ATTENDANCE POLICY

- Absences are based on the data provided on your audition form. Exceptions should be addressed to the stage manager and/or director.
- A “no call-no show” may result in your immediate removal from the show.
- Contact your Stage Manager when you are running late. Frequent late arrivals will not be tolerated.

POINTS OF EXPECTATIONS BY THE PRODUCTION STAFF AND COMPANY

- **Each cast member** is expected to contribute **a fair and appropriate** amount of work towards the set-build, seat/table sales, and show promotion.
- You will be asked to provide costume pieces, especially essential items that most people already have in their closets. If you have difficulty finding inexpensive items that you have been asked to purchase, please contact the Costumer or the production staff directly about your concerns.
- Do not create your own Facebook events or generate your own marketing images or materials.
- The “box office” can be reached for any seat sales questions at 614-859-0457.
- Check your email and Facebook at least once a day, and reply to all emails/posts in a timely fashion, whenever appropriate.

POINTS TO REMEMBER DURING TECH WEEK AND BEYOND

- You are committing to make this show a priority, so *plan* for that now.
- Eat properly and sleep well so you can attend rehearsals in tiptop physical shape.

IMAGINE PRODUCTIONS RELEASE AND WAIVER

1. In consideration of participation in a production of IMAGINE PRODUCTIONS OF COLUMBUS, INC, the undersigned PARTICIPANT does agree that Imagine Productions of Columbus, Inc, employees, sponsors, other participants or volunteers and any and all other persons or entities involved or associated with a production and any function or activity associated or in connection therewith, their members, directors, agents, subcontractors, employees or volunteers, hereinafter the COMPANY, shall not be liable for PARTICIPANTS death or injury to their person, for any loss due to theft of or damage to their property, or for any other consequential or incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of ordinary or slight care by the COMPANY in the conduct of any production and any function or activity associated or in connection therewith.
2. Furthermore, the undersigned PARTICIPANT does hereby waive any and all claims or causes of action against the COMPANY which he or she may have by reason thereof and does hereby release and hold harmless the COMPANY from any and all claims or causes of action that he or she may acquire or suffer as a result of such participation and including any and all activities associated or participated in connection therewith, whether presently known or thereafter acquired or accrued.
3. Furthermore, the undersigned PARTICIPANT agrees not to bring or cause to be brought any suit on any such claim or cause of action and acknowledges that the releases and waivers referred to herein shall apply regardless of whether liability is asserted on the basis of contract, strict liability or ordinary or gross negligence.
4. The undersigned PARTICIPANT further acknowledges that the execution of this Release and Waiver is continuing in nature, that it is his or her free and voluntary act and that he or she is under no duress or undue influence.
5. Furthermore, the undersigned PARTICIPANT intends both, that he or she be legally bound hereby, and, in the event of his or her death, that this Release and Waiver shall be binding on his or her estate, heirs, beneficiaries or any other successors in interest.
6. The undersigned PARTICIPANT also hereby grants full permission to the COMPANY to use his or her name, image, photographs, videotapes, motion pictures, recordings or other records of this event without notice or compensation to him or her.
7. This Release and Wavier shall be interpreted under the laws of the State of Ohio.

I HAVE READ THE COMPANY EXPECTATIONS AND RELEASE AND WAIVER. I AGREE TO THESE TERMS AND WISH TO PARTICIPATE FULLY WITH IMAGINE PRODUCTIONS OF COLUMBUS, INC. I CERTIFY THAT I HAVE FULL AUTHORITY TO SIGN THIS RELEASE AND AUTHORIZATION.

Production Title: _____ Production Dates: _____

Name (printed): _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

If under 18, Parent/Guardian: _____ Date: _____

EMERGENCY MEDICAL INFORMATION

This confidential form will be left in the care of the STAGE MANAGER for the production unless an emergency arises. Please fill it out as completely as possible.

Name: _____ Date: _____

Address: _____

Phone: _____ Date of Birth: _____

In case of emergency, notify (in order of preference):

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Preferred Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Currently taking the following medication(s): _____

Allergic to the following: _____

Date of covid 19 vaccination: _____

Any physical impairment to which a physician should be alerted: _____

Contact lens wearer: YES / NO

Other Pertinent Medical Background Information: _____

PART I – TO GRANT CONSENT

I hereby give consent for medical emergency care. I hereby give my consent for (1) the administration of any treatment deemed necessary by the named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician; and (2) the transfer to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Legal Signature: _____ Date: _____

PART II – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment.

Legal Signature: _____ Date: _____