

SUMMER THEATRE INTENSIVE

July 22-August 2, 2024
Monday – Friday, 10:00am – 5:00pm

Friday, August 2, Culmination Showcase
5:30pm – 6:30pm



Welcome to the University of Redlands Summer Theatre Intensive! This two-week training program immerses young artists in classes that awaken and grow their talent, curiosity, and enthusiasm for performing. Led by actor and University of Redlands instructor Allison Scarlet Jaye and other industry professional guest artists, the program will include training in acting, musical theatre performance, voice and movement, and audition techniques, and conclude with a showcase performance of monologues, scenes, and musical numbers. Emphasis is placed on developing authenticity and supporting each young artist’s individuality.

Open to ages 13-18, the University of Redlands Summer Theatre Intensive lays the groundwork for young artists to be competitive in college, university, and entertainment industry auditions and apply their gained skills to an exciting journey in the arts and beyond.

STUDENT ARTIST INFORMATION:

Student Artist Name Date of Birth

Mailing Address City Zip Code

Preferred Phone School Grade (in Fall 2024)

Previous Performance Experience (if any):

PARENT/GUARDIAN INFORMATION (for student artists under the age of 18):

Parent/Guardian Name

Primary Phone Secondary Phone

Email Address

REGISTRATION DEADLINE: JULY 15, 2024 (RECEIVED OR POSTMARKED)

TUITION:

Total Tuition for the Institute: \$790 per student artist.

Early Bird Registration: \$740 (\$50 off total tuition) with non-refundable deposit received by June 15, 2024.

A non-refundable deposit of \$150 is due upon registration.

Full payment is due July 15, 2024.

Payment Method: (please select one)

Check enclosed (payable to CSMA) Check # _____ Check amount _____

Credit Card * (payments may be made by phone if preferred: 909.748.8844)

Credit Card # _____ Expiration _____ / _____

Security Code _____ Signature _____

MEDICAL INFORMATION AND RELEASE FORM FOR MINORS:

Student Artist Name Gender ID Date of Birth

Emergency Contact Name Relationship to Student Artist

Emergency Contact Phone (primary) Emergency Contact Phone (secondary)

Emergency Contact Email

Address City State Zip Code

If you have accommodation needs, please disclose the necessary information below so that a plan to address those needs can be determined and implemented during the Summer Theatre Intensive:

Health Insurance: * PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD *

Name of Carrier Policy Number

My child has permission to attend the University of Redlands Summer Theatre Intensive. I fully realize that injury or illness to my child may result from or during participation in the program. In case of injury or illness, I give permission for my child to be given medical treatment as deemed appropriate. I further give permission for the information provided on this form to be shared with appropriate medical personnel. I further give permission for and grant authority to the Summer Theatre Intensive and/or university representatives to sign on my behalf the Notice of Privacy Practice that patients are required to receive in accordance with federal law. I understand and acknowledge that I will be responsible for any medical bills incurred by my child at the University of Redlands Health Center, at a local hospital, or elsewhere.

Parent/Guardian Signature (if under 18) Date

ARTIST CODE OF CONDUCT

To ensure that the University of Redlands Summer Theatre Intensive experience is safe and enjoyable, we require all artists to abide by this Code of Conduct. Minors (under 18) must ALSO have this form signed by their parents.

1. Campus Departure Policy: Artists under the age of 18 may not leave the campus during program hours without written permission and consent of Dr. Joseph Modica, Director of the Conservatory of Music.
2. Substance Abuse Policy
 - a. All artists are required to refrain from smoking at any time during the program.
 - b. Use of non-prescription medications or legally prohibited drugs or alcohol is strictly prohibited.
3. All artists are required to refrain from the use of obscene language at any time during the program.
4. All artists are expected to be on time for all classes, rehearsals and performances. No one may leave the group/campus without a program-appointed chaperone, or prior written permission.
5. Artists are expected to follow the instruction of program instructors, Conservatory of Music, and Department of Theatre Arts personnel.
6. Artists are expected to abide by all program rules and policies.
7. The use or possession of fireworks, firearms, ammunitions, any dangerous ordinance or weapons of ANY kind is strictly prohibited.
8. Artists are expected to abide by all current COVID-19 safety protocols set forth by the University of Redlands.

Serious Offense: Certain types of conduct are considered so serious that they might result in immediate expulsion from the program. These would include conduct that could result in injury, loss of limb or destruction of property; willful or serious disregard of University of Redlands Summer Theatre Intensive policies, deliberate damage to school property or the property of others; theft; disruptive or harassing conduct, which could include threat of violence, horseplay, or practical jokes, bullying in any form. Possession of a weapon or violation of the Substance Abuse Policy would also be considered a serious offense.

Failure to abide by this Code of Conduct may result in immediate expulsion from the program. Your parents/guardians will be notified and be responsible for the inconvenience and expense of your leaving the program. Any tuition paid will be forfeit.

Artist Signature

Parent/Guardian Signature (if under the age of 18)

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING :

- A non-refundable \$150 deposit is due upon registration. Payment in full is due by July 15, 2024.
- No refunds will be issued after July 15, 2024. Refunds prior to this date may be issued at the sole discretion of the Community School of Music and the Arts.
- I understand that my student is required to comply with the University of Redlands Community School of Music and the Arts COVID-19 Safety protocols at the time of the Summer Theatre Intensive. These protocols will be communicated via email to all families registered with sufficient notice prior to the first day of the Summer Theatre Institute and may include requirements for masking, testing, or social distancing. Vaccination is recommended, but not required, for students attending the Summer Theatre Intensive.

Artist Signature

Date

Parent/Guardian Signature (if under 18)

Date

PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the Summer Theatre Intensive at the University of Redlands, I, on behalf of myself, my executors, heirs, administrators and assigns, hereby voluntarily agree to release, waive, discharge, indemnify, hold harmless, and agree not to sue the University of Redlands, its trustees, officers, employees, agents, volunteers, or other promoters, operators or co-sponsors of the Summer Theatre Intensive, for any and all claims, damages, costs, attorney's fees, or causes of action which I have or may have in the future, or which third parties have or may have in the future, as a result of damages, injuries, including death, relating to the Summer Theatre Intensive or travel to and from the Summer Theatre Intensive, arising out of or incident to any negligent act or omission by the University of Redlands, its trustees, officials, officers, employees, agents, volunteers, or other promoters, operators or co-sponsors of the Summer Theatre Intensive. I knowingly and voluntarily give up valuable legal rights, including the right to sue. Further, I shall defend at my own expense,

including attorney's fees, with an attorney selected by the University of Redlands, the University of Redlands in any action or proceeding, legal, administrative or otherwise, based upon such acts, omissions or willful misconduct.

I understand and agree that there are risks of harm associated with participating in the Summer Theatre Intensive which may give rise to bodily injury, and/or property damage. I understand that I will be responsible for my own transportation. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at this time. I understand and agree that included within the scope of this waiver and release is any cause of action, arising from the performance of or the failure to perform maintenance, inspection, supervision or control of the Summer Theatre Intensive, or the failure to warn of existing dangerous conditions not known to or reasonably discovered by the University of Redlands, including all acts of negligence of the University of Redlands, the negligence of others, or by the negligence of the University of Redlands, its trustees officials, officers, employees, agents, volunteers, or other promoters, operators or co-sponsors of the Summer Theatre Intensive may cause these risks and dangers. I knowingly and voluntarily assume full responsibility for these risks arising out of or related to my participation in the Summer Theatre Intensive.

I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN THE UNIVERSITY OF REDLANDS AND MYSELF. I HAVE AGREED TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Participant or Parent/Guardian Signature (if under 18)

Date

Participant or Parent/Guardian Printed Name

If the participant is under eighteen years of age, a parent's or legal guardian's signature is required for each minor child.

This Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement shall be binding on me and my minor children, executors, heirs, administrators, and assigns. I further agree on behalf of my minor children that this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement shall be binding on them and their executors, heirs, administrators, and assigns.

I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN THE UNIVERSITY OF REDLANDS AND MYSELF. I HAVE AGREED TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Print Name of Minor

Parent/Guardian Printed Name

Parent/Guardian Signature (if under 18)

Date

Phone Number



VIDEO/PHOTO/AUDIO CONSENT FORM

I, _____ (“Participant”), do hereby consent to and authorize the University of Redlands (“University”) to copy, record, exhibit, publish, distribute or use my name, image, likeness, voice, or sound in any media, including but not limited to video, audio, photo, or any composite and artistic forms, in which the record is incorporated in whole or in part, regardless of whether these materials are used for fundraising, advertising, publicity, or any other lawful purpose on behalf of the University.

In addition, I waive all claims to compensation or damages based the University’s use of any material authorized by this consent. I also waive any right to inspect or approve any finished material in which my name, image, likeness, voice, or sound appears.

I hereby hold harmless and release and forever discharge the University from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this consent.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns. I warrant that I am either at least 18 years of age or that I am the legal guardian of the minor Participant, and that I am competent in my own name insofar as this consent is concerned, and that I have the full right and authority to grant this consent. I further attest that I have read this consent form and fully understand its contents.

Description of media:

Photography _____

Video Recording _____

Audio Recording _____

Printed Name of Participant

Age of Participant

Address of Participant

Signature of Participant

Date

Signature of Parent or Legal Guardian of Participant (if under 18)

Date