# Company Contract

Congratulations on being selected to participate in our season!  We are happy to collaborate with you!

Below, please fill out the various medical information and electronically sign your company contract.  ***We will need this submitted BEFORE rehearsals begin.***  We will not issue you a script until we receive this paperwork.

Once we receive your materials, you may pick up your script and rehearsal schedule from **Bobbi Masters, Center for the Arts #312**.  We have selected you partially based upon your availability; if additional conflicts have arisen, please contact Bobbi at masteb@nmsu.edu ***BEFORE*** filling out this paperwork, as it may prevent your participation in this show.

Please understand that the rehearsal schedule you will be provided is tentative.  You should plan to be available for ***ALL*** rehearsals, although you may not be called for every rehearsal.

As a company member, you are entitled to one complimentary ticket for this show.  If you are a theatre major, you are entitled to a second complimentary ticket.

Again, we are so happy to have you join us on this production, and look forward to working with you!

**ASTC @ NMSU COMPANY CONTRACT**

As a company member, I agree to the following:

1)    I have read, understood, and will adhere to all [ASTC Company Policies.](http://www.nmsutheatre.com/content/files/ASTC%20Company%20Policies.pdf)

2)    I will come to every rehearsal and performance for which I am called on time, prepared and prepared to work.

3)    If acting, I will supply my own Ben Nye Professional Theatre Crème or Student Personal Crème makeup kit (available online).  If I do not already own such a kit, I will order one immediately to ensure a timely arrival before first dress rehearsal.

4)    If crew, I will supply my own black clothing, free of any obtrusive logos, which offer protection and in which I can move freely.  This includes shirt/blouse, pants/skirt, and low or no heeled shoes.

5)    I understand that New Mexico State University, the NMSU Department of Theatre Arts, and the American Southwest Theatre Company DO NOT have medical or health insurance to cover individuals who may suffer any form of injury while participating in classroom and production activities sponsored by these organizations. I understand further that I am encouraged to make personal arrangements for medical/health insurance directly with an organization that provides such coverage. I understand further that student medical insurance is available for purchase from the university at specific designated time periods, such as at registration, and that an information brochure regarding this insurance is available at the campus student health center.

6)    I hereby give Information Services, New Mexico State University, and New Mexico State University Theatre Arts irrevocable right and permission to use and publish any and all photographs taken of me by Information Services and/or New Mexico State University Theatre Arts staff members from this date through the final date of this production. I recognize these same photographs and their copyright as the property of Information Services and/or New Mexico State University Theatre Arts, solely and completely. I hereby release Information Services and New Mexico State University from any and all claims including libel and invasion of privacy, resulting from the usage for these photographs.

7)    I hereby agree and promise that I will not hold the Regents of New Mexico State University, their employees, their agents or others who are involved in supervision or operations of activities responsible for any damages and/or personal injuries which I may receive as a result of my participation.

By typing my name and date below, I agree to accept the terms of this document with an electronic signature.

Top of Form

\*  Your E-Mail:


\*  First Name:


\*  Last Name:


\*  Phone Number:


Age:


\*  Name and Phone Number of Emergency Contact:


\*  Physician's Name and Phone Number:


Current Medications and Dosage (i.e., 10mg, etc.):


Allergies to any medications, foods, and/or substances?:


Any additional medical or emergency information:


\*  Electronic Signature:


\*  Date:


Bottom of Form