

Alabama Conference of Theatre Membership Application

Any member of your organization can use the form below to register for ACT Membership. Just make one copy for each registrant and check applicable fees. You may pay all fees in one check if desired. Organizations with faculty, students, actors, crew or other participants in any ACT event must become members of ACT, as well as each participating member of that organization. The following fees are based on services provided by ACT. **If you have questions, please email the Executive Director, actexdir@gmail.com**

ACT Fee Schedule

- **\$60 ORGANIZATIONAL MEMBERSHIP**

Your organization must be an organizational member of ACT to participate in an ACT event. The fee also covers membership and a festival attendance for one (1) organizational delegate. This fee is paid once per year of participation. If registering a group, you should place your delegate's registration form on top with the Organizational Membership marked. This would be the only form where this fee is required.

- **\$25 Adult** (over 17 years of age and/or college student) **If attending state screening auditions, this fee is paid through SETC** All participating faculty, adult actors and crew, etc. of your organization must be members of ACT to participate in an ACT event. This fee also applies to additional sponsors, faculty directors, professors, community theatre actors, designers or crew who are not students. This fee is paid once per year of participation. Individual performers, playwrights, etc that are not directly affiliated with an organization are also welcome to join.

- **\$10 STUDENT MEMBERSHIP** (Under 17 years of age)

Your organization and all participating students must be members of ACT to participate in an ACT event. This fee applies to auditionees, workshop participants, actors or crew, playwrights, etc. who are enrolled in an academic institution including public, private, homeschool, or virtual. This fee is paid once per year of participation. Organizational Fees are paid by the High School/College and do not apply.

Membership is good for one year from the date of receipt.

Please complete and sign the Insurance Waivers and Photo Permissions on the back of this form. Return it with payment.

Check one: Official Delegate Member

Name (First and Last)	Email:				
Title	Cell Phone:				
Organization/School Name	Work Phone:				
Organization/School Address:					
Division Affiliation (check one):	College/Univ	Comm. Theatre	Professional	Secondary	Theatre for Youth
If student, please specify (check one):	Secondary	Junior or Comm. College	Undergraduate	Graduate School	
Please indicate primary area:	Performing Artist	Educator	Director/Music Dir	Administrator	Technical Theatre
	Playwright	Other: _____			
\$60 Organizational Membership \$ _____					
(Required for all organizations with faculty or students or board of directors, Includes one (1) delegates membership)					
\$25 Adult (Over 17 years of age or college student) \$ _____					
\$10 Membership (under 17 years of age) \$ _____					
TOTAL amount submitted with this form \$ _____					
MAKE CHECKS PAYABLE TO ACT, Online Registration is Optional with Credit Card					
Send completed forms and payment to: ACT, PO Box 1983, Pelham, AL 35124					

Alabama Conference of Theatre

Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement ("Agreement")/ Permission to Photograph

The Alabama Conference of Theatre (ACT) requires that this form be completed for each member (student/individual) participating in the ACT sponsored events and festivals. If a Delegate is a minor (under 18), a parent or legal guardian must complete this form. Type or print legibly. Enter name exactly as it appears on registration form. Please bring this form for your onsite registration.

Member information (as on registration form):

Member's first and last name _____

School/Theater/Organization name: _____

Home address (street, city, state, zip): _____

Phone number: _____

Name of parent/guardian/next of kin (if under 18): _____

Phone number: _____

Name of troupe director or chaperone if attending the Trumbauer District or State Festival or Theatre for Youth Festival : _____

_____ I CONSENT TO MEDICAL TREATMENT. The undersigned hereby gives permission and consent to the Organizers to provide emergency medical treatment to the Delegate in the event that an illness or injury requiring medical treatment occurs while participating in ACT sponsored event. Should a major medical problem arise, the Organizers will attempt to notify the undersigned by telephone.

_____ I REFUSE MEDICAL TREATMENT. The undersigned hereby DOES NOT give permission or consent to the Organizers to provide emergency medical treatment to the Delegate in the event that an illness or injury requiring medical treatment occurs while participating in the ACT sponsored event.

I. RELEASE The undersigned hereby releases and agrees to indemnify, save and hold harmless the Alabama Conference of Theatre and the hosting organization and all respective officers, employees, agents and representatives of the aforementioned entities (each an "Organizer" and collectively the "Organizers") from and against any and all claims, demands, causes of actions, losses, liabilities, judgments, damages, costs and expenses (including reasonable attorneys' fees) resulting from the Delegate listed above participating in an ACT sponsored event. The undersigned shall give each Organizer prompt written notice of any claim or facts or circumstances that might give rise to any claim for indemnification. The undersigned further agrees to be responsible for Delegate while traveling to and from ACT sponsored event including any expenses incurred by the Delegate, caused by the Delegate and/or any personal injuries which may occur to the Delegate.

PHOTO RELEASE: I acknowledge that during the course of participation in any Alabama Conference of Theatre (ACT) activities, ACT may take photographs, audio recordings and/or video recordings. I hereby grant ACT permission to use any and all such photographs or audio or video recordings of the participants for advertising, promotional or educational purposes. Such use may include publication in programs, advertising, posters, flyers, radio, television or on social media, and may be seen or heard by large numbers of individuals. I waive all rights to any financial remuneration of any such use. _____ I ACCEPT _____ I DECLINE

Signature of Member's Guardian: _____ Date: _____

Signature of Member: _____ Date: _____