



AUDITION REGISTRATION FORM

N° _____

E: _____

FIRST AND LAST NAME: _____ ARTIST'S NAME: _____

MAIN DISCIPLINE: _____ DATE OF BIRTH: ____/____/____
month / day / year

OTHERS SPECIALITIES: _____

ADDRESS: _____
(#) (Street) (Apt) (City) (Province / State) (Postal / Zip code) (Country)

CELL: _____ TEL: _____ E-MAIL: _____ @ _____

LANGUAGES SPOKEN: ENGLISH: _____ FRENCH _____ OTHERS _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ CITIZENSHIP: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

CELL: _____ OR TEL.: _____

ARE YOU REPRESENTED BY AN AGENT AND/OR COACH? YES _____ NO _____

DO WE NEED TO GO THROUGH YOUR AGENT AND/OR COACH TO CONTACT YOU? YES _____ NO _____

COMPANY NAME: _____ AGENT NAME: _____

TEL: _____ EMAIL: _____ @ _____

COACH NAME: _____

TEL: _____ EMAIL: _____ @ _____

APPLICANT FILE

(The personal information contained in this file will be kept confidential by Cirque du Soleil Inc. and its affiliated companies. Only persons who require this information in the performance of their duties will have access to it.)

I acknowledge and agree that the following elements will be used to build my applicant file: résumé, evaluation of my performance, photographs and audio or video document of my artistic performances and I agree that this file will be consulted by the Creation and Casting Services in the execution of the organization's artistic activities.

PROHIBITIONS

The use of electronic equipment such as camera, video camera, cellular phone or any other device to record or take pictures of the audition in part or in whole is strictly forbidden, unless prior authorization has been given by Cirque du Soleil's Audition representative. In such a case, recorded material shall not be reproduced in any manner whatsoever including without limitation for personal promotion or reproductions on any Websites.

EXEMPTION OF LIABILITY AND ASSUMPTION OF RISK

I acknowledge that my participation in the *Cirque du Soleil* audition held on March 11th and 12th 2010 (Certain candidates may be asked to come back on March 12th to show us specialty skills.) at Move It 2010 located at Olympia, Hammersmith Road, London W14 8UX. **may involve the risk of accident that could result in serious injuries (muscle tearing, bone fracture, concussion, etc.) up to and including permanent disability and death.** I hereby release Cirque du Soleil Inc., its parent company and affiliated companies, its shareholders, directors, officers, employees and consultants (collectively "Cirque") from any liability in connection with any injuries I may suffer as a result of my participation and my performance during the audition, including the loss of any accessory, equipment or personal belonging.

Date _____

Name of artist (please print) _____

Signature of artist _____

ATTENTION: SEE ON THE BACK OF THIS PAGE

ASSIGNMENT OF RIGHTS

1. I agree that my participation at the (**London 2009**) audition be filmed and recorded, and that the recording will be kept in my file by Cirque du Soleil Inc. or one of its affiliated companies. Furthermore, I hereby irrevocably assign Cirque du Soleil Inc. and its related companies, successors, licensees and assigns (hereinafter referred to collectively as **Cirque**"), with regard to my image and likeness resulting from any video recording or photo session of an audition (hereinafter referred to as **Image and Likeness**"), the right to use and reproduce my Image and Likeness, in whole or in part, using any and all means currently known or yet to be developed, as part of any conference, public or private presentation, corporate brochure, website, corporate document or publication, or any Cirque document for internal circulation. I release Cirque from any and all claims, demands or causes of action relating to invasion of privacy or violation of any other right resulting from or relating to any use of the rights assigned under the terms of this agreement. I hereby confirm that the above-mentioned rights have been assigned without limitation as to time or territory.
2. I hereby acknowledge and agree that the information (including any idea or concept) that is disclosed or otherwise made known to me by Cirque, one of its affiliates or their employees, agents or others, before or after the signature of this audition registration form, either orally, in writing or in any other physical form, that arises otherwise from my participation in the audition, or that I otherwise learn of, directly or indirectly, in connection with my participation is confidential information of Cirque and is the exclusive property of Cirque and I hereby agree to maintain and protect same in the strictest confidence, not to disclose same to any third party without Cirque's prior written consent and not to use same other than for the purposes of my participation in the audition.

Date _____

Name of artist (**please print**)

Signature of artist

To be signed by a parent and guardian if the artist is a minor

First and last name of artist: _____

I, the undersigned, am the mother/father (please circle your relationship with the artist) of the aforementioned artist and certify that he/she is a minor (hereinafter referred to as the "minor artist").

However, if I am unable to attend the audition, I agree that _____ will serve as guardian of the minor artist during the audition.

Date _____

Name of parent (**please print**)

Signature of parent

Name of guardian (**please print**)

Signature of guardian during the audition