



May 15, 2018

Klein Theatre Arts Expands with Adult Acting Workshop

The Klein is now conducting registration for adults interested in participating in a 6-week acting workshop that will take place at The Klein Memorial Auditorium from July 23rd through September 5th. Adult Bridgeport residents aged 18 and over are invited to attend. Classes are tuition free.

Acting Workshop---Taught twice a week (Monday and Wednesday) from 6:00 pm to 8:00 pm. Curriculum includes public speaking, oral interpretation, and beginning acting techniques. **Spaces are limited, and perfect attendance is mandatory.**

Instructor Randy Kaye is an actress, broadcaster and singer, with credits that include 20 years as a Connecticut radio personality (STAR 99.9, WSHU), theatre appearances in NYC and Connecticut, and voice-over work in commercials, TV, phone systems and audiobooks. She is also a published author and professional speaker, adjunct Communication Professor at University of New Haven, and teaches acting and improvisation. www.randyekaye.com.

Applications for enrollment are also available at the Klein box office and online at our website: www.theklein.org. If you have questions, please contact us by phone at 800-424-0160 extension 3.

KLEIN THEATRE ARTS ADULT WORKSHOP

ALL CLASSES ARE HELD FROM 6 PM TO 8 PM.

Week 1 – Monday (July 23)

Week 2 – Monday & Wednesday (July 30 & August 1)

Week 3 – Monday & Wednesday (Aug. 6 & 8)

Week 4 – Monday & Wednesday (Aug. 13 & 15)

Week 5 – Monday & Wednesday (Aug. 20 & 22)

Week 6 – Monday & Wednesday (Aug. 27 & 29)

Week 7 – Wednesday (September 5) SHOWCASE

The Klein Memorial Auditorium
910 Fairfield Ave
Bridgeport, CT 06605
Tonya Whitley (program coordinator)
(800) 424-0160 Ext. 3 ask@theklein.org

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

2018-2019
KLEIN THEATRE ARTS
SUMMER '18 SEMESTER REGISTRATION FORM
AND RELEASE AND INDEMNITY AGREEMENT

(Please Print as Clearly as Possible)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

First Name: _____

Last Name: _____

Sex: Male Female

PHONE: _____ E-MAIL ADDRESS: _____

Mailing Address:

Street: _____

City/State/Zip _____

Emergency contact information:

Name:

Home _____ preferred contact #

Work _____ preferred contact #

Cell _____ preferred contact #

Email Address: _____

In consideration of being permitted to attend the KTA Adult Acting Workshop that is to be conducted by The Klein Memorial Auditorium Foundation, I hereby agree as follows:

1. I am not aware of any physical or mental condition that would present any risk to my participation in KTA.
2. I acknowledge and agree that I am responsible for any and all charges for medical treatment that may be provided for any injuries suffered due to my participation in, or attendance at any activities or events in any way relating to the Klein Theatre Arts program.
3. I hereby authorize the staff or faculty of KTA, The Klein Memorial Auditorium Foundation, or others on their behalf, to photograph, broadcast, videotape, or otherwise record visually or by sound my preparation for, participation in, or attendance at any activities or events in any way relating to KTA. I further authorize The Klein Memorial Auditorium Foundation to use any such photographs, broadcasts, videotapes or other recordings for promotional or commercial purposes without my prior review and without compensation or payment of any kind, and agree that all such photographs, broadcasts, videotapes or other recordings of my preparation for, participation in, or attendance at any activities or events in any way relating to KTA are the sole and exclusive property of The Klein Memorial Auditorium Foundation.

4. This Agreement constitutes the entire agreement of the parties concerning its subject matter and shall supersede the terms of any other prior or contemporaneous agreement, representation or understanding (whether oral or written) between the parties concerning the subject matter of this Agreement. This Agreement cannot be changed or modified other than in writing signed by both me and the managing member of The Klein Memorial Auditorium Foundation.
5. I agree that Connecticut law (without regard to Connecticut's conflict of laws provisions) shall govern all our respective rights and obligations under this Agreement. I also acknowledge that it is the intent of the parties that this Agreement be enforceable to the fullest extent permitted by Connecticut law. Accordingly, if any provision of this Agreement as presently written should be construed to be illegal, invalid or unenforceable, said illegal, invalid or unenforceable provision shall be deemed to be amended and construed to have the broadest scope permissible (the parties intending and agreeing that any provision of this Agreement may be reformed to have the broadest scope permitted by applicable law), and if no validating amendment or construction is possible, shall be severable from the rest of this Agreement, and the validity, legality, and enforceability of the remaining provisions of this Agreement shall not in any way be affected or impaired thereby.
6. I acknowledge and agree that my participation in KTA involves physical activities which can be dangerous and which can possibly result in personal injuries, death or property damage. On behalf of myself I hereby voluntarily RELEASE AND FOREVER DISCHARGE The Klein Memorial Auditorium Foundation and its officers, directors, employees, members and agents, and all members of the staff and faculty of KTA (collectively, the "Releasees"), from any and all past, present or future liability, controversies, suits, actions, causes of action, damages, claims or demands of any nature whatsoever, whether in law or in equity or under any federal, state or local law or other statute, regulation or ordinance, arising out of or in any way relating to my child's preparation for, participation in, or attendance at any activities or events in any way relating to KTA, whether caused by or resulting from the Releasees' own negligence or fault or otherwise. I specifically acknowledge and agree that the discharge and release set forth in this paragraph includes, but is not limited to, a full and complete discharge and release of the Releasee's from any and all liability for any and all harm, losses, personal injuries, death, property damage, and claims of any nature whatsoever arising out of or in any way relating to my preparation for, participation in, or attendance at any activities or events in any way relating to KTA, whether caused by or resulting from the Releasees' own negligence or fault or otherwise.

I hereby voluntarily agree to INDEMNIFY AND HOLD THE RELEASEES HARMLESS from and against any and all claims, lawsuits, causes of action, damages, losses, costs or expenses of any nature whatsoever (including attorneys' fees and other defense costs, which I will pay or reimburse the Releasees upon demand), whether foreseen or unforeseen, present or future, known or unknown, arising out of or in any way relating to my preparation for, participation in, or attendance at any activities or events in any way relating to KTA, and whether caused by or resulting from the Releasees' own negligence or fault or otherwise.

I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT, AND HEREBY VOLUNTARILY REGISTER FOR PARTICIPATION IN KTA ADULT ACTING WORKSHOP IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS AGREEMENT.

PLEASE NOTE: REGISTRATION MUST BE RETURNED SIGNED AND INITIALED WHERE INDICATED AND WITHOUT ANY CORRECTIONS OR CHANGES. REGISTRATIONS WILL NOT BE ACCEPTED WITH ANY CHANGES.

Signature _____ Date _____

Klein Theatre Arts is a tuition-free arts education program for Bridgeport residents.