

SENIOR & DISABLED ARTIST PROGRAM

Prorated or Shared Contract

The intention of the Senior and Disabled Artists Program is to address the varied needs of and work opportunities for Senior and Disabled Artists and provide them with greater contractual flexibility to support them in their work.

It is the choice of the Artist to enter into an agreement under this program, not the Engager.

PRODUCTION INFORMATION

Production

Engagement Start
(mm/dd/yyyy)

Engagement End
(mm/dd/yyyy)

Theatre

PRORATED CONTRACT - Applicable to CTA and ITA only

Artist Name (First Middle) (Last)

Email

Equity Member #

SIN

Production Type

Discipline

Prorated %

(cannot be less than 60% of allowable weekly hours/fees)

SHARED CONTRACT - Applicable to CTA, ITA, DOT and INDIE only

Production Type

Discipline

Prorated %

(cannot be less than 50% of allowable weekly hours/fees)

1.

Artist Name (First Middle) (Last)

Email

Equity Member #

SIN

2.

Artist Name (First Middle) (Last)

Email

Equity Member #

SIN

As the engager, I agree to pay the requisite insurance premium and make appropriate RRSP and dues deductions for the above Artist(s).

Theatre/Engager representative

Date (mm/dd/yyyy)

A digital signature is not required on this form. I acknowledge that by typing my name, I hereby agree to abide by the terms & conditions of this form and the Senior and Disabled Artist Program.

As an eligible Senior or Disabled Artist*, I request to work on this production under the above terms of the Equity Senior and Disabled Artist Program.

*See [Program terms](#) for eligibility requirements.

1. Artist

Date (mm/dd/yyyy)

A digital signature is not required on this form. I acknowledge that by typing my name, I hereby agree to abide by the terms & conditions of this form and the Senior and Disabled Artist Program.

As an eligible Senior or Disabled Artist*, I request to work on this production under the above terms of the Equity Senior and Disabled Artist Program.

*See [Program terms](#) for eligibility requirements.

2. Artist

Date (mm/dd/yyyy)

A digital signature is not required on this form. I acknowledge that by typing my name, I hereby agree to abide by the terms & conditions of this form and the Senior and Disabled Artist Program.

FILING THIS FORM

The Theatre must retain a copy of the completed and signed form for its own records and provide a copy to each of the following:

1. Artist
2. Equity (busrep@caea.com)

All specific terms (i.e., fees, accommodations, transportation, etc.) must be included in a rider accompanying the Artist's contract or contracts (in the case of Contract Sharing).