

SENIOR & DISABLED ARTIST PROGRAM

Working Without Reference to an Equity 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.

ARTIST INFORMATION

Artist Name (First Middle) (Last) **Email** **Equity Member #**

As an eligible Senior or Disabled Artist*, I request to work on this production without reference to an Equity contract and with no minimum terms or conditions except those set by provincial health & safety regulations and Equity's Not in OUR Space! program.

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

THEATRE INFORMATION

Theatre **Email** (Theatre Rep) **Telephone** ### - ### - ###

Address (Unit Address Street) (City) (Province) (Postal Code)

As the Engager, I agree to abide by provincial health & safety regulations and Equity's Not in OUR Space! program, and pay the requisite insurance premium for this Artist, unless:

Proof of alternative insurance coverage is provided to Equity.

PRODUCTION INFORMATION

Production **Production Type** **Engagement Start** (mm/dd/yyyy) **Engagement End** (mm/dd/yyyy)

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 & Disabled Artist Program.

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 & 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)