

Intimacy Disclosure Form

Please indicate your preferences for working on productions with the following material:

Note: All theatrical intimacy or violence will be choreographed by a faculty member.

Performing realistic simulated sexuality?	Yes	No	More info needed
Witnessing realistic simulated sexuality?	Yes	No	More info needed
Kissing?	Yes	No	More info needed
Performing a scene fraught with sexual tension and threat?	Yes	No	More info needed
Improvising playfully flirtatious interactions (possibly including touch) with other cast members?	Yes	No	More info needed
Performing realistic, simulated violence	Yes	No	More info needed
Platonic embraces	Yes	No	More info needed
Handholding	Yes	No	More info needed
Do you have stage combat experience?	Yes	No	