

**Artstarts Company's Production of
Sounds of America
November 22, 2014
Marion Cultural & Civic Center**

RELEASE FORM

The undersigned enters this agreement with Artstarts Company, the producer of *Sounds of America* to be performed at the Marion Cultural and Civic Center on November 22, 2014 at the Marion Cultural and Civic Center.

I have been informed and understand that Artstarts Company is producing *Sounds of America* and that Artstarts Company may photograph or record participants in the *Sounds of America* production during practices or performances or promotional events associated with the production of *Sounds of America*. I grant Artstarts Company the right to use my child's name, likeness, image, voice, appearance and performance, hereinafter referred to as the "Product", and the right to broadcast, exhibit, market, sell, display, and to post the Product to Artstarts Company's website which is presently located at www.artstarts.biz and otherwise distribute the Product from the production of *Sounds of America*.

The participant's parent or legal guardian agrees to hold Artstarts Company harmless from any liability for loss or injury which may occur during the production of *Sounds of America*. Should the participant cause property damage, the participant's parent or legal guardian agrees to indemnify Artstarts Company for any damage caused by the participant.

I confirm that I have a right to enter this agreement on behalf of the child whose name is indicated below, that I am not restricted by any commitment to third parties, and that Producer has no financial commitment or obligations to me as a result of this agreement.

I have read the foregoing and understand and agree to its terms.

Participant's name: _____

Parent or Guardian's Name (Please Print) _____

Parent or Guardian's Signature _____ Date: _____

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REGISTRATION FORM

Participant's Name: _____

Male or Female (circle one) Age _____ Grade _____ School _____

Address: Street: _____
Town: _____ Zip Code: _____

EMAIL ADDRESS(ES): _____

PHONE: _____

HEALTH INFORMATION

Known allergies or other medical conditions that Directors should be aware:

In case of a medical emergency the following people should be contacted:

(Provide names and telephone numbers) _____

REGISTRATION FEE: \$65. This amount covers registration and one shirt. Participants will be offered in excess of 60 hours of dance instruction during the practices for Sounds of America.

If you cannot pay the entire fee at this time please inform Artstarts staff. Please do not let this fee prevent your child from participating in the show. We will work with you on this.

What size shirt does the participant wear? Circle one.

Child Small 6-8 Child Medium 10-12 Child Large 14-16

Adult Small Adult Medium Adult Large Adult X Large

VOLUNTEERS-PLEASE HELP US

Sounds of America is Artstarts' major fund raising program for the charities that participate in the show and for Artstarts. We connect the community through the arts. This event is one of the primary sources of funding for Artstarts' year round programming. Please help us in our efforts.

What can/will you do to help?

- | | |
|--|--|
| <input type="checkbox"/> Sell Advertisements for Program | <input type="checkbox"/> Back Stage Crew |
| <input type="checkbox"/> Ushers | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Help with Rehearsals | <input type="checkbox"/> Ticket Sales |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Building Sets |
| <input type="checkbox"/> Promotions | |
- Help at Artstarts and Hubfest-Apple Dumplings and Flea Market
September 27th
- Help at JALC's Hunting and Fishing Day-raffle ticket sales
September 27th
- Help at Artstarts' Chili Supper/Halloween Costume Party/Quarter Auction
October 30th
- Help Promote/Sell Artstarts' Flag Subscriptions
- Help Promote Artstarts' brick campaign-Paving the Path for the Future
- Artstarts' Building Maintenance
- Help with Administrative Tasks (mailings, phone calls, emails, etc.)

TICKET VOUCHERS

How many family members reside in the same household as the performer? _____
You will receive a voucher to purchase reserved seats for \$15 per ticket rather than \$25 per ticket for immediate family members that reside in the same household as the child. Families with multiple children in the show do not get extra discounted tickets per performer. The intent of this offer is simply to help defray the out of pocket expenses for families. **Artstarts and the participating charities benefit from the proceeds from the ticket sales. This is a fund raiser for Artstarts and the participating charities.** We encourage you to purchase your tickets at the cast ticket event which will be scheduled soon.

Voucher for tickets given _____.(Artstarts Staff Initial)

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Accounting Records:

Participant: _____ Pd: Ck _____ (ck. #) _____ Cash _____