

Community IMPACT Day

PLEASANT HILL COMMUNITY CENTER



"BUILDING LIVES...LEAVING A LEGACY"

July 11, 2009

[Please Print All Information]

CID TALENT SHOW APPLICATION AND RELEASE FORM

Please Return This Form By June 12, 2009, to PHCC
Mail/Drop Off to PHCC, 725 Pleasant Hill Street, Roswell, GA 30075. Fax To: 770-255-0840

NAME OF ACT: _____
(For group entries, please print the group name and list names of all performers below)

Contact Person: _____ **Best Phone:** _____

Address: _____ **City/Zip:** _____

Email: _____ **Other Phone:** _____

Participants must be at least 8 years old.

Age Division: Child Under 18 Age of Minor _____ Adult (18 or Over)

Category: Individual Group # of Performers _____

Type of Performance:

Singing Rapping Dancing Instrumental Comedy

Magic Other Specify: _____

Title of Performance/Music: _____

Type of Musical Accompaniment: CD Jump Drive Other

Specify: _____

I, the below signed, being over the age of eighteen(18) years of age (or the legal guardian or parent of the minor listed above), grant forever to PHCC, its agents, licensees, assigns, clients, and successors in interest, the right to use my photograph or likeness in original or altered form, with or without my name, for television broadcast, including all reproductions thereof, any statements made by me on radio, television, or other media, and whether or not such likeness or statement is used in connection with any commercial purposes. I hereby release any claims of copyright, libel, slander, violation of privacy or similar rights, which I may have.

Contestant's Name: _____ Date: _____

(If under age 18)

Print Name of Parent/Guardian: _____ Date: _____

Signature of Contestant/Parent/Guardian: _____