

# Bloomingtondale's Got Talent

## Entry Form

To audition for Bloomingtondale's Got Talent, complete the entry form, include a DVD or video (three minutes or less) showing the act you wish to perform, enclose the \$5 non-refundable entry fee and submit to the Bloomingtondale Park District, 172 S. Circle Avenue by July 3. All talents will be considered. Performances must be suitable for family entertainment. This show is for amateurs only; no professional performers accepted.

Finalist will be chosen by the committee members from the DVD and video submissions. Finalists will be notified by July 8.

\*Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

\*\*Age Division (please circle)

- 7 & younger
- 8-12 years
- 13-19 years
- 20-45 years
- 45 & up

Talent \_\_\_\_\_

\*If this is a group entry, please list the contact person here. The contact person must be a Bloomingtondale Park District resident. Group members should be listed below.

\*\* If this is a group entry the group must complete in the age division of its oldest member.

### Waiver & Release of all Claims

"As a participant or parent/guardian of participant(s) in these program(s) activities, I recognize and acknowledge that there are certain risks of physical injury and I voluntarily agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with such program(s) activities held on or off Park District property (including transportation services/vehicle operation, when provided)."

"I further agree to waive and relinquish any and all claims I or my child/ward may have as a result of participating in these programs(s)/activities (held on or off Park District property) against the

Bloomington Park District, including its independent contractors, officials, agents, volunteers, servants, and employees.”

“I do hereby fully release and forever discharge the Bloomington Park District and its independent contractors, official, agents, volunteers, servants and employees from any and all claims from injuries, including death, damages, or losses sustained by me or my minor child/ward and arising out of connected with, or in any way associated with these program(s)/activities (held on or off Park District property) or the transportation services.”

“I do hereby further give permission to photograph, videotape, audiotape, and record me/my child/ward while performing, attending, or participating in the contest. I understand these reproductions may be used in print and electronic media providing information about the contest.”

I have read and fully understand the above Waiver & Release of all Claims.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult Participant or Parent/Guardian 18 years of age or older

Group Members

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_

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Name \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_