



Central Oregon's Got Talent
March 15, 2008 6:00pm-9:00pm

Registration Form

Group Name _____ Number of people in act (6 people max) _____

Contact Name _____ Phone _____

Address _____ City _____ Zip _____

Email _____

Please check category:

- Competitive (all ages)*** **#8600.100** **Fee: \$30**
- Kids (3 to 11)** **#8605.110** **Fee: \$15**

**Cash prizes only available in competitive category*

Please describe your act including props, instruments, chairs, mats, etc:

How long is your act? _____ (Three minute maximum for kid's category and four minute maximum for competitive category, including setup and breakdown.)

What type of AV needs do you have?

INFORMED CONSENT/PARTICIPANT RELEASE

"I, the participant or the parent/guardian of the above named participant understands the possibility of injuries resulting from the activities indicated above or other activities sponsored by the Bend Metro Park and Recreation District ("District"). I hereby acknowledge and accept all risks and hazards incidental to participation in such activities. I hereby release, absolve, indemnify and hold harmless the District and its directors, employees and agents from any injury, whether to person or property, of the participant resulting from such activities. In case of personal injury to participant, I hereby waive any and all claims against the District, its directors, employees and agents. I understand there is no insurance coverage provided by District for participant and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby release from liability and waive any and all claims against any person who, on behalf of District, is involved in the transportation of participant in connection with District activities. I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that such treatment may be provided by either a licensed physician or trained emergency care technician. I agree that the District may use, reproduce, disclose and distribute participant's name and/or likeness for District marketing purposes. I acknowledge that I have read, fully understand and accept the above provisions and I recognize that the District is relying on such acceptance in permitting participant to engage in District activities."

Signature _____ Date _____

If under 18 Parent/Guardian Signature _____ Date _____

You will be contacted with event details prior to March 15th.

Date Paid _____	Amount \$ _____	Check # _____	Cash _____	Visa/MC _____
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