



# Bend Park & Recreation DISTRICT

## Central Oregon's Got Talent!

March 13, 2010 6:00pm-9:00pm \* Rehearsal 10:00am-4:00pm

### Registration Form

**\*\*Audition Tapes Required\*\***

Group Name: \_\_\_\_\_ Number of people in your act (6 people max) \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone#: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Please check category:

- Competitive (all ages) \$30
- Kids (3 to 11) \$15

Cash prizes only available in competitive category. Day of event rehearsal mandatory.

Please describe your act in detail including props, instruments, song title, mats, microphones needed etc. *We do not have access to a piano. Each registration form must be accompanied by an audio or video audition tape. Tapes will be reviewed in January and you will be notified in February if you have been accepted to perform in this year's Central Oregon's Got Talent competition. Registration Fee will be collected at the time of approval.*

**DO NOT FORGET TO PUT YOUR NAME ON YOUR AUDITION TAPE**

How much time do you need? There is a maximum three minutes for kid's category and four minutes for prize category, including setup and breakdown \_\_\_\_\_

What type of AV needs do you have?  
\_\_\_\_\_

*Thank you.*

*We will contact you with event and rehearsal details.*

#### 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 \_\_\_\_\_

No Scholarships Available For This Event