



Application

Contact Name _____

Phone Number _____ Email _____

Band Name _____

Group Member Names/Ages _____

Type of Group (i.e. rock, track singing, comedian) _____

Are you available for weekend performances/Competitions in April? _____

What sets your band or act apart from everyone else? _____

Is there anything you would like to tell the Judges? _____

Parental Release and Consent Form

By Faith Productions

Date: _____

Participant's name: _____ Age: _____

Physical address: _____

Mailing address: (if different) _____

Email (if you'd like to be on our web mail list): _____

Parent or legal guardian's name: _____

(please print)

Contact phone number: _____

Insurance information:

Insurance coverage by: _____

Policy Number: _____

Waiver and Consent:

In consideration of the right to participate in this activity, I waive and release any and all rights and claims for damage I may have against By Faith Productions, its Board of Directors, employees and agents, for any and all injuries suffered by my child while participating in this activity unless such injury is caused by the gross negligence of By Faith Productions. I give my consent to emergency treatment, including hospitalization as may be needed for the welfare of my child:

Signature of Parent/Legal Guardian

Date