



MISHAWAKA PARKS AND RECREATION SUMMERFEST TALENT SHOW REGISTRATION FORM



904 N. Main St.
Mishawaka, IN 46545
PH: 574.258.1664 FX: 574.258.1736

PARENT/GUARDIAN/ADULT CHAPERONE INFORMATION IF UNDER THE AGE OF 18 (Please Print)

Name: _____

Street Address: _____

Apt. No.: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work / Other: _____

Email: _____

NAME OF CONTESTANT(S) / AGE (Please Print)

_____/____

_____/____

_____/____

_____/____

_____/____

_____/____

Name of Act or Song: _____ (Cannot be changed after submission)

Short Description of Act: (i.e.: singing, dancing, etc.) _____

CHECK THE FOLLOWING STAGE/PERFORMANCE REQUIREMENTS FOR ACT:

CD player iPod Connection Microphone Qty _____ Other _____ None

PLEASE COMPLETE BOTH SIDES OF THIS FORM, INCLUDING WAIVER & RELEASE

FOR OFFICE USE ONLY

PAYMENT MADE BY: Cash Check # _____ Money Order # _____

Date: _____ Receipt # _____ Amount: \$ _____



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WAIVER & RELEASE

Please read this form carefully and be aware that in registering yourself or your child in this program you will be waiving and releasing all claims for injuries that might sustain arise out of this program.

As a participant or parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury as a result of my or my child's participation in this activity. By my signature below, I hereby consent to my or my child's participation in any and all activities associated with this program, and hereby acknowledge and agree as follows:

- To assume the full risk of any injuries, including death, damages, or loss which the participant may sustain;
- To waive and relinquish all claims that I or the participant may have against the City of Mishawaka, the Mishawaka Parks & Recreation Department, or any related or associated entities or employees as a result of my child participating in this program;
- To indemnify and hold harmless and defend the City of Mishawaka, the Mishawaka Parks & Recreation Department or any related or associated entities or employees from any and all claims as a result of my child's participation in this program; and, furthermore,
- I do hereby fully release and discharge the City of Mishawaka, the Mishawaka Parks & Recreation Department or any related or associated entities or employees from any and all claims from injuries, including death, damage, or loss sustained as a result of my or my child's participation in this program.

I have read and fully understand the above and that **"THIS IS A RELEASE"**.

Group Representative's Name

Group Representative's Signature

Date

