

# Galesburg's Got Talent Audition Form

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Description of Talent:

All Performers Name and Ages:

(1) \_\_\_\_\_ age \_\_\_\_\_ (2) \_\_\_\_\_ age \_\_\_\_\_

(3) \_\_\_\_\_ age \_\_\_\_\_ (4) \_\_\_\_\_ age \_\_\_\_\_

## Liability and Image Release

(If more than three performers in an act separate forms will be provided at audition)

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges Galesburg Public Art Commission from any actions, claims, demands, suits, agreements, judgments, liabilities, and proceedings, whether arising in equity or in law, and in particular arising from participating in activities involved in the Production of **Galesburg's Got Talent**.

Furthermore, I grant to Galesburg Public Art Commission, its representatives and employees the right to take photographs of me and my property in connection with the above-identified production. I authorize Galesburg Public Art Commission, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Galesburg Public Art Commission may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web

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## Signatures and audition dates of all contestants

\_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_ date \_\_\_\_\_

**Parent of Guardian signature** (if appropriate)

\_\_\_\_\_