

Riverton Arts Council's

Shout Tribute Beatles Choir

Director: **David Martin**

This Choir will perform Beatles songs with a live cover band at city events throughout the year.

(Do not write in this box)
PART: _____

Audition # _____

Directors Notes:
(DO NOT WRITE IN BOX)

Name _____

Address _____

City _____ State _____ Zip _____

Height _____ Hair Color _____

Gender (Circle One) **M** **F** Current Age _____

School _____

Parent's Name _____

Home Phone:

Cell Phone:

Email Address - THIS IS MANDATORY:

• What vocal part do you sing? (Circle **only** one)

Soprano Alto Tenor Bass

Have you ever taken Voice Lessons? Yes No

if yes, from who? _____

Shirt Size:

Youth: S M L

Adult: S M L XL XXL

\$65 participation Fee will be due at your first rehearsal, which includes the price of the Beatles Choir shirt.

(Parent **MUST** sign if under 18.)

Parent Signature

Auditioner Signature

TALENT AND MEDIA RELEASE

I hereby consent for no compensation and without further consideration or compensation to the use (full or in part) of all videotapes & photographic images taken of me/my child, or recordings made of my/my child's voice and/or written extraction, in whole or in part at the Sandra N. Lloyd Community Center or any place this production holds rehearsals or performances, for the purpose of illustration, broadcast, or distribution in any manner, including social media and marketing outlets by the Riverton Arts Council and its affiliates.

I Agree to this Talent and Media Release.

Parent Signature. (Parent MUST sign if under 18.)

Auditioner Signature

WAIVER OF LIABILITY

I with full knowledge of the activities involved in the production of Shout Beatles Tribute choir and, waive and release any and all persons involved with the Riverton Arts Council and their agents and officers in the production of said choir, or any official of the City of Riverton, and the City of Riverton of any liability, joint or several, which may occur from any act, action or failure to act while myself or my son or daughter is in their care during the preparations and performances on all date(s) which will be given hereafter for both the preparation and production of said production.

I further understand that if I allow myself or my son or daughter their own transportation to and from the activity described above, I am also waiving and releasing any of the parties previously described of any liability, joint or several, which may occur to myself or my child, or third parties.

Parent Signature. (Parent MUST sign if under 18.)

Auditioner Signature
