

**Kiwanis Club of East Cobb
Art & Music Showcase – Pope High School
March 21, 2012**



**Application for Kiwanis Music Competition
Fax to: 770-973-7414 by March 10, 2012**

Contestant completes this section:

Contestant _____ Age _____

Address _____

Phone _____ Email _____

School _____ Grade _____

If group, list names and attach an application for each member: _____ ,
_____ , _____ , _____ .

Type of Talent: _____ Title (if any): _____

Composer: _____

Accompanist (if any): _____ Special equipment (if any): _____

Contestant and Parent or Guardian must complete this section:

IN CONSIDERATION of the privilege of participating in the "Kiwanis Art & Music Showcase," we, the undersigned Contestant and parent or guardian of the Contestant, do hereby release and forever discharge the Kiwanis Club of East Cobb, Inc., and the Georgia District of Kiwanis, its members, employees and agents of and from any and all actions, causes of action, claims, demands, damages, cost, loss of services, expenses, and compensation on account of, or in any way growing out of, any and all known and unknown personal injuries and property damage, present or future, which we may now have, or hereafter have, resulting from or arising out of my participation in the "Kiwanis Art & Music Showcase."

Further, we, the undersigned Contestant and parent or guardian of the Contestant, agree to abide by any and all decisions, regulations, and/or rules made by the "Kiwanis Art & Music Showcase" Committee.

In addition, the Georgia District of Kiwanis International will occasionally use photographs and film of contestant to promote an event in local newspapers, television, or in their monthly newsletter. I give the Georgia District of Kiwanis International its members, employees, and agents, permission to use these media for further promotional activities.

Date: ____ / ____ / ____

Contestant

Parent or Guardian of Contestant

I, Club chairperson, _____ , certify that the above information is correct and complete to the best of my knowledge.

Signature of Chairperson _____

Date: ____ / ____ / ____

Phone: (____) ____ - _____