

The following completed permission form must accompany the **Shooting Stars Entry Form**. BOTH FORMS must be completed and submitted by February 26, 2018 (to the county office ATT: Lexi Condon/Shooting Stars) , otherwise, the act may be disqualified from the county audition.

**SHOOTING STARS 2018
PERFORMING ARTS PARTICIPANT PERMISSION SLIP**

Performer's Name _____

Act Name: _____ Age: _____

School: _____ Grade: _____

Home Address: _____

City, State, Zip _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Email address of Parent/Guardian: (print clearly) this is the primary mode of communication

I, _____, parent/legal guardian of _____, hereby give my consent for participation in Shooting Stars 2018. I assume all risks and hazards incidental to such participation, including transportation to and from all events and do hereby waive, release, absolve, indemnify and agree to hold harmless the Watauga Education Foundation, its contractors, volunteers and any sponsoring agency, for any claim arising out of any loss or injury that the participant might sustain while engaged in this program. I understand that the Watauga Education Foundation does not provide insurance and is not responsible for the medical condition of the participant. I agree to the release of photographs, audio, and visual recording of the participant for the promotion of the Watauga Education Foundation. **I have read the Shooting Stars 2018 Guidelines and agree to abide by the requirements of participation therein.** I acknowledge that Shooting Stars 2018 serves multiple purposes, including providing educational opportunities for participants, fundraising opportunities for Watauga Education Foundation, and the general advancement of the arts in Watauga County, and that conflicts which may arise in accomplishing those goals will be resolved solely by the Watauga Education Foundation.

Parent/Guardian:

Date: _____

Any questions should be directed to Lexi Condon lexcondon@gmail.com