The following completed permission form must accompany the **Shooting Stars Entry Form**. BOTH FORMS must be submitted by Thursday, March 12, 2020 to the county office ATT: Performing Arts/Shooting Stars, otherwise, the act may be disqualified from the county audition.

SHOOTING STARS 2020
PERFORMING ARTS PARTICIPANT PERMISSION FORM

Performer's Name _____

Act Name: _____ Age: _____

School: _____ Grade: _____

Home Address: _____

City, State, Zip_____

Parent/Guardian: _____ Phone: _____

Parent/Guardian Email: (**print clearly**) _____

I, _____, parent/legal guardian of _____, hereby give my consent for participation in Shooting Stars 2020. 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 2020 Guidelines and agree to abide by the requirements of participation therein. I acknowledge that Shooting Stars 2020 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 Signature: _____Date:_____