

OF MOVING COLORS

Kick it Out Registration



#

(for OMC use)

CONTACT INFORMATION

Registrant's Name _____ Grade _____ Age _____ DOB _____

Parent / Guardian Name _____ Relationship _____

E-mail address (PRINT CLEARLY!) _____

Street Address _____ City / ST _____ ZIP _____

Best phone #s _____ (_____) _____ (_____)

Have you performed in *Kick It Out* before? _____ If so, which dances or years? _____

Current school _____ Dance school (if any) _____

If you have a friend (SAME AGE GROUP ONLY) that you are participating with, please list their name(s).

Note: placement together is not guaranteed, but we will try to accommodate!

Select T-shirt size: YS YM YL YXL AS AM AL AXL AXXL

Kick It Out tuition is \$225. This includes an automatic 80% scholarship for all participants through private and grant funding. If you need additional financial assistance, please complete the Scholarship Application.

Brief description of previous experience:

The *Kick It Out* practice schedule runs on most Sundays from October 20 -January 19, and culminates to a performance on January 25. I understand that participants missing more than three unexcused rehearsals can be removed from the program.

Signature of Parent / Guardian

Participant Waivers

Participant's Name _____

Date _____

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for participating in Kick It Out and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE OF Moving Colors Productions, the Board of Directors, the State of Louisiana, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.

2. To the best of my knowledge, THE PARTICIPANT can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect for THE PARTICIPANT to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me or THE PARTICIPANT, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I/ THE PARTICIPANT am/are alive, and my/their heirs, assigns and personal representative, if I/ THE PARTICIPANT am/are not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Louisiana.

5. I ACCEPT and UNDERSTAND that due to the nature of the program and training offered some physical handling, such as touching, regarding proper body placement, may be involved.

6. I UNDERSTAND THAT THE ORGANIZATION WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN.

7. I also understand that I should and am urged by OMC to obtain adequate health and accident insurance to cover any personal injury to myself/the participant which may be sustained during the activity or the transportation to and from said activity.

8. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGE I/ THE PARTICIPANT CAUSE TO THE FACILITIES.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, signed on this _____ day of _____, 2019.

Participant (if over 18)

Parent (if Participant is under 18 years of age or a dependent on parent's insurance and taxes for the period of the event)

MEDICAL TREATMENT PERMISSION FORM

I, _____, hereby give my permission, consent and authorization for any medical treatment deemed necessary by a hospital or physician. I appoint the event coordinator and/or director my lawful agent with power to authorize and consent to the administration of medical treatment during the aforementioned event.

Mobile Phone _____ Alternate Phone _____

Health Carrier: _____ Policy No.: _____

Emergency Contacts: _____

Please list all allergies, restrictions or health exceptions:

This form should be properly signed and turned in at the time of registration. In case of such accident or illness, I give permission for medical treatment to be given to me as deemed appropriate. I will assume responsibility for any medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred on my behalf.

Participant (if over 18)

Parent (if Participant is under 18 years of age or a dependent on parent's insurance and taxes for the period of the event)

MEDIA RELEASE FORM

I do hereby grant Of Moving Colors, and to his/her employees, donors, supporters, or assigns, permission to photograph and video the above stated child and use such photographs and videos of the above stated child in any manner related to Of Moving Colors. Such use is to include, but is not limited to: publication, display, advertising, editorial illustration, resale, web use, etc. I hereby swear that I am of sound mind and body, and agree to all terms stated above.

Participant (if over 18)

Parent (if Participant is under 18 years of age or a dependent on parent's insurance and taxes for the period of the event)

Bio / Headshot

Complete in space provided below.

This should be a brief paragraph about your child. Include information such as their school, grade, interests, and activities.

A good example:

Ava Ventress is 5 years old and attends Kindergarten at St. Aloysius. She loves playing with her two dogs, two cats and fish. Ava also loves collecting and playing with baby dolls. She has been active with soccer, tennis and is a member of the Daisy Scouts. She adores painting, artwork and crafts and loves to read. Ava is in her third year of dance at Powell Moise. This is her first year performing with Of Moving Colors.

Bio Requirements:

- Under 85 words
- 3rd person point of view
- Begin with your child's name
- Last sentence should summarize your child's experience with OMC.
(For example, "This is Emily's second performance with Of Moving Colors.")

HEADSHOT

Due to madeline@ofmovingcolors.org by Monday, October 28.

Late headshots run the risk of not being included in the playbill.

This can be a simple snapshot, or a professional shot if you happen to have one. This will accompany your child's bio in the playbill and will be cropped closely to their face, as shown at right. Please send as a picture file such as a JPG, PNG, or GIF. You may send a color photo or black & white, however, they will be printed B&W in the playbill.



Sizing Information

NAME _____

**Please circle all that apply (both letter AND number sizes).
If your child “crosses over” sizes, indicate in the note section which is
most likely to fit best.**

GIRLS' DRESS: 4T 5 6 6x 7 8 10 12 14 16

GIRLS' DRESS: XS S M L XL XXL

JUNIORS' DRESS: 1 3 5 7 9 11

WOMEN'S DRESS: 0 2 4 6 8 10 12 14 16 other _____

WOMEN'S DRESS: XS S M L XL XXL

BOYS (please give BOTH number and letter (S, M, L) :

Shirt _____ Pant _____

SHOE SIZE:

NOTES / EXPLANATION: