

2016 RIVAHFEST IDOL REGISTRATION

Must be received on or before April 27, 2016

Mail Completed Registration Form to:

WRAR/WNNT

Attn: Terry Brooks, PO Box 1023, Tappahannock, VA 22560

Fax 804-443-1055 Phone 804-443-4321

Name of Participant: _____

Name of Parent/Guardian: _____

Participant's Age: _____ Participant's Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

E-mail address: _____

Name of School & Grade: _____

Experience (if any): _____

Song to be performed: _____

Please Circle Preferred Preliminary Date: Monday, May 2nd or Monday, May 9th

*Preliminaries will be held at River Fitness in Tappahannock between 6pm-8:45pm (You will be contacted to schedule your preliminary time slot. Slots are available on a first come first serve basis.)

To be read and completed by parent/guardian:

I hereby swear or affirm that my son/daughter will be no younger than twelve (12) years of age and no older than eighteen (18) years of age as of June 18, 2016. I also understand that I have received and accepted the rules governing the RivahFest Idol competition. I acknowledge that the director(s) have final decision on all matters concerning the RivahFest Idol competition. I am of legal age and have the right to contract for this minor, and freely sign this release, which I have read and understand.

Parent/Guardian Signature: _____ Date: _____

Name of Minor: _____ Date: _____

To be read and completed by parent/guardian:

I hereby give Real Media, Inc. (WRAR/WNNT), Bill Talley Ford and/or RivahFest, and its agents, and/or assignee permission to use the photograph(s)/film/audio taken of the minor named below for the purposes of RivahFest Idol. I relinquish all right, title, and interest I may have in the finished pictures, negatives, recording, and copies for this purpose. I waive the right of prior approval and hereby release Real Media, Inc. from any and all claims for damages of any and all kinds based on this use of said material. I am of legal age and have the right to contract for this minor, and freely sign this release, which I have read and understand.

Parent/Guardian Signature: _____ Date: _____

Name of Minor: _____ Date: _____

Office Use Only

Application/Participant's Number _____ Date: _____

Proof of Age: _____

Finalist Y/N _____ Date Music received _____ cd / mp3 _____ Length & Lyrics approved _____