



Application for Rivahfest Idol

Mail to:

Riverside Tappahannock Hospital
Attn: Angela Jones
618 Hospital Road
Tappahannock, VA 22560

Name of Participant: _____

Name of Parent/Guardian: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Experience (if any): _____

Song to be Performed: _____

Preferred Preliminary Date: Friday, May 30th Saturday, May 31st

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 21st, 2008. 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 Riverside Tappahannock Hospital, 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 Riverside Tappahannock Hospital 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: _____
Finalist Y/N