



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 29<sup>th</sup> Saturday, May 30<sup>st</sup>

**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 20<sup>th</sup>, 2009. 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: \_\_\_\_\_

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*Office Use Only*

Application/Participant's Number \_\_\_\_\_ Date: \_\_\_\_\_

Finalist Y/N