



Warren Township Recreation Commission



SUMMER TEEN FEST

VOLUNTEER MUSIC Application Form Deadline: **Friday, July 15, 2016**

Return to: Warren Township Recreation, 46 Mountain Blvd. Warren, NJ 07059 OR recreation@warrennj.org

Individual or Group Name: _____ Desired Performance Time (up to 20 minutes): _____

Description of Performance: _____

Musician or Group - Primary Contact

Name: _____ Phone: _____ Email: _____

Adult Parent/Guardian - Primary Contact

Name: _____ Phone: _____ Email: _____

By signing below, each member confirms that he or she has read and will follow the Rules & Regulations of this contest. Any violation of these rules by any member may result in immediate disqualification. Musicians are responsible for the security of their equipment and event organizers cannot be held liable for any lost, damaged or stolen equipment or for any Injuries that band members or their associates may Incur in conjunction with the competition.

Parent/Guardian Signature is required for all musicians under the age of 18.

Musician Information - Use all musicians who are part of this registration. Including the primary contact listed above.

MUSICIAN'S NAME	ADDRESS	DOB	GRADE	INSTRUMENT/VOCALS	SIGNATURE	PARENT/GUARDIAN SIGNATURE

I acknowledge that there are certain risks Inherent in participation in this activity, and I agree to accept all of the consequences and assume the risks Involved in participation. I understand and acknowledge that Warren Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Warren Township from any and all liability for any and all Injuries I may sustain as a result of participation in this activity. This Includes, but Is not limited to, responsibility for the payment of any and all doctor, medical or hospital bills resulting from any and all Injuries to me. I grant Warren Township the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion.

As the Parent or Guardian of the participant in this program, I hereby give permission for my child/dependent to participate in this program and agree that this is a voluntary choice. I acknowledge that there are certain risks Inherent In participation In this activity, and I agree to accept all of the consequences and assume the risks involved in participation. I give permission to the Township to provide emergency care as necessary for the wellbeing of my child/dependent until such time as I may be contacted. I understand and acknowledge that Warren Township Is not responsible for any loss, damages or Injury to any person or property for any reason associated with my child's/dependent's participation in this activity. In light of the above, I hereby agree to Indemnify and hold harmless and release Warren Township from any and all liability for any and all Injuries my child/dependent may sustain as a result of participation in this activity. This Includes, but is not limited to, responsibility for the payment of any and all doctor, medical or hospital bills resulting from any and all Injuries to my child/dependent. I grant Warren Township the right to use any and all photographs or video of myself or my child participating in a Department sponsored activity for future media promotion.

Questions??? Contact the Recreation Department at 908-204-3003 or 753-8000 ext 270