



Paris American Idol Competition



Competitor Name _____

Address _____

City/Town _____ State _____ Zip _____

Phone _____ Cell _____

E-Mail(you will be notified via email) _____

Date of Birth (day/month/year) _____ Age _____

Parent's Name/Legal Guardian (if under18) _____

Title of piece to be performed _____

CD Track yes _____ no _____

Please specify type of music you perform:

Age Category:

Division I - Through 12 years of age _____ \$25 entry fee

Division II - 13 through 20 years of age _____ \$25 entry fee

Division III - 21 years old and up _____ \$25 entry fee

I do hereby consent and agree that PACC, its employees, or agents have the right to take photographs, videotape or digital recordings of me and use these in any and all media, now or hereafter know, and exclusive for the purpose of advertising or training .I further consent my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release PCC, it's agents, and all employees all rights to exhibit this work in print or electronic form publicly or privately and to market and sell copies. I waive al rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand their will be no financial or other remuneration or recording me, either initial or subsequent transmission or playback.

No liability is assumed by PACC or its staff on behalf of the competitor for any accidental injury caused by acts of contestant or caused by acts of one performer to another. The person hereafter signing the contract on behalf of said contestant thereafter assumes responsibility for any such injury. I hereby certify that am of good physical condition and state of health and give my consent and permission to participate in Paris American Idol Competition.

Signature _____ Date _____

Send application to PACC 301 W Walnut, Paris, AR 72855 by mail or fax to 479-963-2244
or email to Pariscoc@gmail.com