

AUDITION REGISTRATION INFORMATION FORM
2020 Season

Please Fill Out Completely

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unit(s) of Choice: <input type="checkbox"/> STRYKE Wynds (WIW) <input type="checkbox"/> INFINITY (PIW) <input type="checkbox"/> STRYKE Percussion (PIW) | |
| <input type="checkbox"/> INFINITY 2 (PIO) <input type="checkbox"/> ANCIENT CITY Ensemble (PIO) <input type="checkbox"/> STRYKE Winterguard (IA) | |
| <input type="checkbox"/> STRYKE Percussion 2 (PIA) <input type="checkbox"/> INFINITY 3 (PIA) <input type="checkbox"/> STRYKE Entertainment | |
| Full Legal Name | |
| Primary Address | |
| City / State / Zip | |
| Country of Residence (if other than U.S.) | |
| Date of Birth (e.g. 04/01/1998) | Sex |
| Age (as of April 1, 2020) | |
| Primary Phone Number | |
| Cellular Number | |
| Email Address (email you regularly access!) | |
| Current School, College or University (if attending or applicable) | Name of School, College or University |
| | City and State of School, College or University |
| Grade Level or Class Designation | |
| | |
| Unit / Ensemble Section Desired (circle all that apply) | Battery Front Ensemble Visual Ensemble Winds Weapon Flag Other |
| Instrument / Implement of Choice (circle all that apply) | Snare Tenors Bass Cymbals Marimba Vibraphone Xylophone Pedal Glock Rack/Auxiliary Keyboard/Electronics Drum Set Guitar/Bass Flute/Piccolo Clarinet Saxophone (all) Trumpet Mellophone Trombone Baritone Tuba Visual Ensemble Sabre Rifle Flag Dancer Other |
| Previous Experience (if applicable) | |
| T-Shirt (Male Adult) Size (circle one) | S M L XL 2XL 3XL |

EMERGENCY CONTACT INFORMATION

| | |
|---------------|-----------------|
| Name: | Home Phone: |
| Address: | Cellular Phone: |
| Relationship: | Work Phone: |
| | Email Address: |
| Name: | Home Phone: |
| Address: | Cellular Phone: |
| Relationship: | Work Phone: |
| | Email Address: |



PAGEANTRY ARTS CONCEPTS, INC.
2020 Consent, Acknowledgement of Risk and Release of
Liability Affidavit & Indemnity

READ CAREFULLY BEFORE SIGNING

Member / Parent or Guardian of Minors:

I/We fully acknowledge that playing, practicing or participating in any activities (further known as an "Activity") with this organization in any capacity can be dangerous involving or can invoke many risks of injury. I/We understand that the dangers and risks of playing, practicing or participating in any Activity with this organization can include, but are not limited to, death, serious neck and spinal injuries, and other serious injuries or impairment to other aspects of my/our body, general health and well being. I/We recognize the importance of following the directions regarding playing techniques, training and other organizational functions/rules, etc., and do agree to obey such instructions.

In consideration of the acceptance of my/our participation or the participation of our family or group in an Activity with this organization, I agree on behalf of myself, on behalf of my family or group, and on behalf of their heirs, estate, assignees, administrators and executors, release and forever discharge the released parties defined below, of and from any and all liabilities, claims, actions, damages (including bodily injury, death or property damage) costs or expenses of any nature arising out of or in any way connected with my/our participation or the participation of our family or group in such Activity with this organization, and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including but not limited to, all attorney's fees and disbursements. The released parties are Pageantry Arts Concepts, Inc. and its related and affiliated companies and/or entities (to include but not limited to: any and all State of Florida School Districts, any affiliated host sponsoring school and/or facility whether public or private, STRYKE Wynds, INFINITY, STRYKE Percussion, INFINITY 2, ANCIENT CITY Ensemble, STRYKE Winterguard, STRYKE Percussion 2, INFINITY 3 or STRYKE Entertainment), including without limitation, a not-for-profit company Florida Corporation and the officers, directors, agents, representatives, agent representatives, staff, coaches, employees, volunteers, successors and assigns of each of the foregoing entities. I/We understand that this release and indemnity agreement includes any claims (including financial) based on the negligence, action or inaction of any of the above released parties and covers bodily injury, death and property damage whether suffered by myself or anyone in my family or group, before, during or after participation. I/We further authorize medical treatment for myself and/or the members of my family or group, at my/our responsibility and expense, if the need arises.

As additional consideration of the acceptance of my/our participation and/or the participation of my family or group in an Activity with this organization, I/we further grant the released parties the right to photograph or video tape me and the members of my family or group, in connection with the Activity or otherwise, and further to use our names, faces, likeness, voices and appearance in connections with exhibitions, publicity, advertising and promotional materials for PAC, Inc., its related and affiliated entities and our sponsors/partners without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.

This agreement shall be governed by the laws of the State of Florida and any legal actions relating to or arising out of this agreement shall be commenced exclusively in the State of Florida (if "occurrence" County Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said "occurrence" county and having subject matter jurisdiction), on my own behalf, and on the behalf of my family or group, waive their and my right to trial by jury. I certify I am 18 years of age or older and/or that I am the parent or legal guardian of the minor listed below.

If any part of this release and indemnity agreement is declared unenforceable by court of law, such declaration shall not affect the remainder. Adults (only an adult in the family or group 18 years or older may/can execute this agreement).

I/WE CERTIFY THAT I/WE HAVE READ THIS CONSENT, ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY AFFIDAVIT & INDEMNITY FORM, AND FULLY UNDERSTAND ITS CONTENTS. I/WE AM/ARE AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT AND VOLUNTARILY AGREE TO ITS TERMS AS STATED ABOVE.

Full Legal Name of Member (Printed)

Full Legal Name of Parent/Guardian (Printed)
(member under the age of 18)

Member (Signature)

Parent/Guardian (Signature)
(member under the age of 18)

_____, 2019
Date

_____, 2019
Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 2019

_____: Personally known _____ Provided Identification _____
Notary Public, State of Florida at Large

My Commission Expires: _____ Seal



Pageantry Arts Concepts, Inc.
Est. 2002

PAGEANTRY ARTS CONCEPTS, INC.
Medical Consent Form
2020

I/We authorize PAC, Inc. or any of its agents to provide, obtain, or authorize any reasonable routine and/or emergency medical treatment, in the even of illness, injury, or incapacity, and hereby fully accepts the responsibility to pay for any such treatments deemed necessary for my/our well-being. The patient and others whose signatures are attached below do hereby consent to all medical and/or surgical treatment necessary by recommendation of attending physician including anesthesia and any operations which also may be advisable by his or her physicians and surgeons. The intention hereof being to grant authority to administer and perform all and singularly examinations, treatments, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary. I/We also agree that the patient, when admitted, is to remain in the hospital until his or her physician recommends that the patient be discharged. I/We further authorize medical treatment for myself and the members of my family or group, again, **at my/our responsibility and expense**, if the need arises.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below:

Full Legal Name of Member (*Printed*)

Member (*Signature*)

_____, 2019
Date

Full Legal Name of Parent/Guardian (*Printed*) (*In addition for member under the age of 18*)

Parent/Guardian (*Signature*) (*Consent for member under the age of 18 under my responsibility*)

_____, 2019
Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 2019

_____: Personally known _____ Provided Identification _____
Notary Public, State of Florida at Large

My Commission Expires: _____ Seal