



September 16, 2017 6:00 p.m.

Hosted by



Talent Show Entry Form (One form per act)  
Participants Must Be Columbiana County Residents  
ACTS ARE TO BE 10 MINUTES OR LESS

NAME: \_\_\_\_\_

ACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME (if participant is under 18) \_\_\_\_\_

DESCRIPTION OF THE TALENT (names and number of participants, style of performance, props and music used, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY RELEASE THE JOHNNY APPLESEED FESTIVAL AND SOCIAL 45 FROM ANY AND ALL LIABILITY FOR DAMAGES OR INJURY WHICH I MAY RECEIVE IN ATTENDING OR PARTICIPATING IN THE TALENT SHOW. I ALSO GIVE PERMISSION FOR MY PHOTO TO BE USED ON SOCIAL MEDIA IN REFERENCE TO SAID EVENT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE