



2023 battle royale application

Due: June 15th, 2023

Sandusky Pride Battle Royale 2023 will take place on the Main Stage in Schade Mylander Plaza on June 23, 2023, at 6 pm.

Time is subject to change based upon applicants. Must check in by 3:00pm to compete.

Please complete this application in full and submit with **\$10 registration fee** and waiver to the address at the bottom of the page by June 15.

The winner titled Sandusky Pride Royal Champion will be required to participate in the **Sandusky Pride Parade on Saturday, June 24 at 11:00am** and perform in a showcase performance spot on the main stage later that day. Presence will also be requested on **Sunday, June 25**.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB**: _____

Email address: _____

Stage Name: _____

Do you hold or have you previously held any titles? If so, please list them here: _____

How long have you been performing: _____

****Must be 18 to complete.**

SIGNATURE: _____ **DATE:** _____

Questions?
sanduskypridestars@gmail.com

Make checks payable to:
Sandusky State Theatre

Mail completed application & payment to:
Sandusky Pride
247 E. Market St. #8
Sandusky, OH 44870

RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

This agreement is executed on the date below by the undersigned Participant ("Participant") in favor of the Sandusky Pride and Sandusky State Theater, its officials, directors, officers, employees, agents and representatives. The Participant desires to partake in the Sandusky Pride 2022, Sandusky, Ohio (or as otherwise held) on June 24, 25 & 26, 2022.

I, for myself, for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in that Activity.

2. FULLY UNDERSTAND: (a) the Activity involves risks and dangers; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, or the conditions in which the Activity takes place; (c) and fully accept and assume all such risks and all responsibilities for injuries I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS the Sandusky Pride and Sandusky State Theater, its officials, directors, officers, employees, agents and representatives (each considered one of the Releasees herein) from all liability, claims, or damages on my account arising out of or in any way related to my voluntary participation in the Activity whether caused by the negligence of the "Releasees".

4. HEREBY grant and convey to Sandusky Pride the right to freely reproduce and/or circulate any photographs or other recordings of me during my participation in the Activity for any lawful purpose. I understand that I shall not be entitled to any compensation, therefore, including, but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

5. FULLY UNDERSTAND that the Sandusky Pride and Sandusky State Theater does not carry health, medical or disability insurance coverage for participants and that each participant is expected and encouraged to obtain his or her own medical or health insurance coverage.

6. SEVERABILITY, the invalidity or unenforceability of any provisions of this agreement shall not affect the validity or enforceability of any other provision of this agreement, which shall remain in full force and effect. This agreement is effective for Sandusky Pride 2022, however the provisions shall remain in effect past the Sandusky Pride 2022.

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I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature.

Printed Name of Participant: _____

Address: _____

Phone: _____

Participant's Signature: _____

Emergency Contact: _____ Phone: _____

Date: _____