THE SPECTRUM TALENT SHOW Participation Form

Parent / Guardian Consent (Required if under 18)

| I, | (Guardian Name), the parent or guardian of |
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| the participant, | (Performers Name), give my |
| permission for them to participate in The Spectrun | m Talent Show. I understand that this is a |
| family-friendly event and that all performances mu | ust comply with event guidelines. |
| Parent/Guardian Name: | |
| Signature: | |
| Date: | |