

7th ANNUAL WELLNESS GOT TALENT!

PERFORMANCE RULES

1. Eligibility

- Member in good standing at Wellness Center West, Central or South.
- Completed and submitted the application by the deadline.

2. Performance Guidelines

- Performers may participate in one solo act or one group act (up to 4 participants).
 - a. Each participant must return the completed and signed permission/registration forms by the deadline.
- Each act is limited to a maximum time of **3 – 5 minutes**.
- Performers are required to wear appropriate attire.
- Performances must be appropriate for a family-friendly environment. Any acts containing offensive language, explicit content, or inappropriate themes will be disqualified.
- Acts involving fire, sharp objects, or hazardous materials is strictly prohibited.

3. Audio/Lyrics/Music/Poetry/Scripts

- If applicable, performers must submit their music/audio/lyrics/poetry for review in person by **Friday, February 21, 2025**.
- **Lip synching is not allowed.**
- No last-minute changes will be accepted.

4. Attendance

Performers must arrive to Wellness Center West at least **30 minutes** prior to the event beginning. Late arrivals may forfeit their spot.

5. Stage Setup

- All equipment, instruments and props must be provided by performers and will be brought at their own risk. WCW will **only** provide a chair, microphone, lighting, and sound. Wellness Center West is not responsible for any personal equipment or belongings that are lost, stolen, or damaged during the event.
- All equipment and props must be manageable within a setup and breakdown time of **1-2 minutes**.
- Performance slots and order will be determined by Wellness Center West.

6. Judging Criteria

- Performances will be judged on creativity, skill, stage presence, originality, and audience engagement.
- The decision of judges is final.

7. Cancellation

If a performer is unable to attend, they must notify Wellness Center West immediately.

Prizes

1st Place: (2) Tickets to Knott's Berry Farm 2nd Place: \$50 Gift Card 3rd Place: Gift Basket

REGISTRATION FORMS MUST BE SUBMITTED IN PERSON NO LATER THAN FRIDAY, FEBRUARY 14, 2025



11277 Garden Grove Blvd., Suite 101A
Garden Grove, CA 92843
wellnesscenterwest.org
(657) 667 - 6455

Talent Show Registration Form

PARTICIPANT INFORMATION

Name: _____ Member ID#: _____

Phone Number: _____

I am a member of Wellness Center (Check all that apply): West Central South

PERFORMANCE DETAILS

Name of Act: _____ Act (Check one): Solo Group

Type of Act (Check one): Acting Comedy Dance Instrumental Singing
 Poetry Other: _____

If a group performance, list performers:

1. _____
2. _____
3. _____
4. _____

Music/Track Selection: _____ Length of Act: _____ minutes

Equipment /Props being used: _____

I have read and agree to follow all guidelines of participation. If I am no longer able to participate in the Talent Show, I will contact Wellness Center West as soon as possible. I understand that if I am unable to follow the guidelines listed then I will be disqualified from the entire performance.

Signature

Date

WCW Staff Only

Date Received: _____ Reviewed by: _____ Status: Approved Denied

Notes: _____



HEALTH CARE AGENCY

CCS WELLNESS CENTER WEST

CONSENT TO PHOTOGRAPH AND PUBLISH

The undersigned hereby authorizes the Healthcare Agency to participate in activities in which the undersigned will be photographed.

- A. The undersigned agrees that the Health Care Agency and its employees may use and permit other persons to use the photographs, negatives or prints prepared from such photographs, for purposes including by not limited to viewing by the general public, County of Orange employees and their affiliates for the purpose of education and community outreach and that such viewing may be accomplished in any manner deemed appropriate and subject to the following limitations:
B. The undersigned has entered into this agreement in order to assist educational goals and hereby waives any right to compensation for this use by reason of the foregoing authorizations. And the undersigned and his or her successors or assigns hereby hold the Health Care Agency, its employees or any other person participating in this project and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.
C. Not applicable. The undersigned agrees to forfeit any right to privacy and that the subject and content of the photographs may include information of a personal nature including by not limited to (Initial all that apply):

Medical diagnosis Arrest History
Substance abuse treatment information (CFR Part 42)
Psychosocial functioning/mental health treatment information (WIC 5328)

- D. The term "photograph," as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, video disc, and any other mechanical means of recording and reproducing images.

Print Name

Signature Date

Witness Signature Date