

8th 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).
 - o Each participant must return the completed and signed registration form by the deadline.
- Each act is limited to a maximum time of **3 – 5 minutes**.
- Performances must be family friendly. Acts with offensive language, explicit or inappropriate content/attire, or hazardous elements will be disqualified.

3. Audio/Lyrics/Music/Poetry/Scripts

- If applicable, performers must submit their music/audio/lyrics/poetry for review in person by **Friday, March 20, 2026**.
- **Lip synching is not allowed.**

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

- Performers must provide all equipment and props at their own risk. WCW supplies **only** a chair, microphone, lighting, and sound, and is not responsible for lost, stolen, or damaged personal items.
- 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.

7. Cancellation

If a performer is unable to attend, they must notify Wellness Center West immediately. No last-minute changes will be accepted.

REGISTRATION FORMS MUST BE SUBMITTED IN PERSON NO LATER THAN SATURDAY, MARCH 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