**\*AUDITION FORM FOR 16TH ANNUAL NIGHT OF 1,000 STARS 2024\***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)’ phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Performer’s Email(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)’ Email(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEST way(s) to communicate with you: \_\_\_\_\_Phone \_\_\_\_\_Text \_\_\_\_\_Email \_\_\_\_\_\_ Social Media

Type/Name of Act: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of your numbers/songs/dances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Names of other performers in your act(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you use for your act(s)? Examples: Microphones, Amplifier, Piano, Chair, Flash-Drive, etc.

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

Have you been in Night of 1,000 Stars before? \_\_\_\_\_Yes \_\_\_\_\_ No - If so, when?\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Auditions this year?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any health, allergy, or special considerations we need to know:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MANDATORY:** YOU MUST BE AVAILABLE TO ATTEND YOUR SCHEDULED DRESS/TECH REHEARSAL(S) THAT WE ASSIGN YOU BETWEEN FEB. 25-27, 2024 AND/OR FEB.29, 2024, AND BE AVAILABLE TO PERFORM IN 1 OR MORE SHOWS AT THE TCA THAT WE ASSIGN YOU TO ON MARCH 1 AND/OR 2, 2024. PLEASE INDICATE IF YOU ARE NOT AVAILABLE FOR ANY OF THESE DATES AND KNOW THAT THIS MIGHT MEAN THAT YOU CAN’T BE IN THE SHOW THOUGH WE ALWAYS DO OUR BEST TO ACCOMMODATE EVERYONE’S SCHEDULE. SOME ACTS REHEARSE DAY OF SHOW.

DATES I’M AVAILABLE/NOT AVAILABLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERFORMERS - DON’T WRITE HERE – THIS SECTION IS FOR TALENT JUDGES’ NOTES ONLY:**

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

**\*THE 16TH ANNUAL NIGHT OF 1,000 STARS RELEASE & LIABILITY FORM FOR 2024\***

**RELEASE WAIVER: I/My Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

agree to participate in Taos’ 16th Annual Night of 1,000 Stars 2024 auditions, rehearsals, and performances. We hereby release ARTSOUL, Inc., ARTSOUL, Inc. Board of Directors, their chairperson(s), director(s), officers, staff, volunteers and sponsors from any and all responsibility or liability for injury and/or damages. I/We also release and indemnify ARTSOUL, Inc, Cynthia Freeman-Valerio, their chairperson(s), director(s), officers, staff, volunteers, and sponsors from any and all responsibility or liability for injury and/or damages. I/We also release and agree to indemnify ARTSOUL, Inc., Cynthia Freeman-Valerio, their chairperson(s), directors, officers, staff, volunteers and sponsors from any damage, claim, legal proceeding or judgment arising out of the participation of the listed participant at the said Events, and further agree to hold the said ARTSOUL, Inc., Cynthia Freeman-Valerio, Wildflower Playhouse, and Taos Center for the Arts, their chairperson(s), directors, officers, staff, volunteers and sponsors harmless from any claim or lawsuit for injury, damage or blame resulting from participation in “The 16th Annual Night of 1,000 Stars.” We also agree that these are alcohol and drug-free events and that this participant will not be intoxicated and/or under the influence of drugs when s/he/they auditions, attends rehearsals and performs and that this also includes participants who serve as audition judges, onstage hosts and backstage crew at Auditions, Dress Rehearsals & Performances. If I/my child feels ill, I will inform the Director and discuss options for the health and safety of others and myself.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Participant over the age of 18 or Parent/Guardian Date

**TALENT MEDIA RELEASE FORM:** I hereby authorize “The 16th Annual Night of 1,000 Stars,” ARTSOUL, Inc., Cynthia Freeman-Valerio, their chairperson(s), directors, officers, staff, volunteers and sponsors without restrictions of any kind, to use my name, biography, photographic image, digital image or series of such productions for use by “The 16th Annual Night of 1000 Stars,” ARTSOUL, Inc., Cynthia Freeman-Valerio, Wildflower Playhouse, Taos Center for the Arts, their chairperson(s), director(s), officers, staff, volunteers, and sponsors from any and all responsibility or liability for injury and/or damages and to be distributed and exhibited by means of print, radio, television broadcasting, the Internet, or by any other means of distribution or exhibition. I further agree to allow the use of my (child’s) name, biography, photographic image, written testimonial and voice, singly and/or in combination, in promoting such distribution and exhibition I agree that no monetary compensation is implied or expected from this release.

TALENT’S NAME (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEST Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Addresses for TALENT & Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Participant over the age of 18 or Parent/Guardian       Date