Audition for the 11th Annual
MOORPARK HAS TALENT

HIGH STREET ARTS CENTER

Got talent?

Show it off and compete for great prizes!
The top ten acts will be selected to perform at the show.

The talent show is held at the High Street Arts Center
March 13, 2020 - 7:00 p.m.

(Auditions are held at the Arroyo Vista Recreation Center)

Prizes: 1st Place $500, 2nd Place $300, 3rd Place $200
All other finalists will receive a consolation prize

Who Can Enter:

- Open to acts of all ages
- Individuals: must be a Moorpark resident
- Groups: at least 50% of a group must be Moorpark residents.
- Amateur performers only.*
- This is a family friendly event; no profanity, weapons, or dangerous equipment is allowed.
- Individuals may enter twice; once as an individual and once as part of a group.

*This means you do not have an agent or representative, you are not part of a performers union, and you have never been paid more than $1,000 to perform.

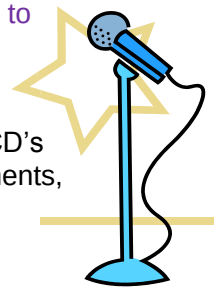
How to Enter:

- **NEW:** Submit your pre-audition video to avrc@moorparkca.gov by 1/28. You may also reserve your audition time at www.moorparkca.gov/talent (please note, acts may be asked to audition in person on 2/5 or 2/11).
- **OR:** Complete an application and submit in person to the Arroyo Vista Recreation Center (4550 Tierra Rejada Road).
- $10 audition fee is due at time of audition.
- **Each act or group act must provide a picture and bio for the event program guide at time of audition.**
- Ten acts will be chosen to perform at the final show on March 13th by a panel of judges.
- Pre-registration is strongly recommended. Drop-in auditions available if space permits.
- **Auditions held at the Arroyo Vista Recreation Center (4550 Tierra Rejada Road) on:**
  - **Wednesday, February 5th from 4:30 p.m. - 7:30 p.m.**
  - **Tuesday, February 11th from 4:30 p.m. - 7:30 p.m.**

Please indicate a preferred audition date on the application.

Event Info:

- Acts selected to compete in the *Moorpark Has Talent* final show will be notified by Friday, February 14, 2020. If selected, you will receive your performance confirmation letter the first week of March.
- Selected acts must attend a mandatory dress rehearsal on Thursday, March 12, 2020 from 6:00 to 8:00 p.m. at the High Street Arts Center.
- Winners will be announced at the end of all performances at the final show.
- Performances, including set-up/tear-down time, are limited to a maximum of 10 minutes.
- The High Street Arts Center will provide up to 3 microphones, power, and equipment to play CD's and digital music files. Performers need to supply their own music, costumes, props, instruments, sound equipment, etc. Bands must supply their own amplifiers, speakers, and instruments.



Talent Show Application

PLEASE FILL OUT SECTION BELOW FOR BOTH INDIVIDUAL AND GROUP ACTS

Length of performance: _____ minutes Estimated set up: _____ Estimated breakdown: _____

What will you bring?

- ☐ Music (song title/artist):_____
  - ☐ CD or ☐ Digital Music w/ Adapter
- ☐ Instruments (list all):_____
- ☐ Props (list all):_____
- ☐ Other: _____

Preferred Audition Date ***(at the Arroyo Vista Recreation Center)***

☐ Wednesday, February 5, 2020 between 4:30 - 7:30 p.m.

☐ Tuesday, February 11, 2020 between 4:30 - 7:30 p.m.

INDIVIDUAL ACTS

Act Name: _____

Briefly tell us about your talent/performance: _____

_____

Full Name: _____ DOB: _____

Address_____City/Zip:_____

Email _____

Cell Phone: _____ Home Phone: _____

* I verify that I am an amateur performer.

Signature _____

GROUP ACTS PLEASE USE OTHER SIDE OF APPLICATION

Talent Show Application

GROUP ACTS

Act Name: _____

Briefly tell us about your talent/performance: _____

_____

Member #1 – This will be the primary contact for the group

(Full name): _____ DOB: _____

Address_____City/Zip:_____

Email _____

Cell Phone: _____ Home Phone: _____

* I verify that myself, and all members of the group, are amateur performers.

Signature _____

Member #2 (full name): _____ DOB: _____

Address_____City/Zip:_____

Email _____

Cell Phone: _____ Home Phone: _____

* I verify that myself, and all members of the group, are amateur performers.

Signature _____

Member #3 (full name): _____ DOB: _____

Address_____City/Zip:_____

Email _____

Cell Phone: _____ Home Phone: _____

* I verify that myself, and all members of the group, are amateur performers.

Signature _____

Member #4 (full name): _____ DOB: _____

Address_____City/Zip:_____

Email _____

Cell Phone: _____ Home Phone: _____

* I verify that myself, and all members of the group, are amateur performers.

Signature _____

Member #5 (full name): _____ DOB: _____

Address_____City/Zip:_____

Email _____

Cell Phone: _____ Home Phone: _____

* I verify that myself, and all members of the group, are amateur performers.

Signature _____

ALL PARTICIPANTS MUST READ AND SIGN.
IF UNDER 18, HAVE PARENT/GUARDIAN READ AND SIGN

Informed Consent and Release

I, the undersigned, voluntarily participating in the referenced activity, understand that such participation does not establish or imply an employer-employee or an agency relationship with the City of Moorpark. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity and understanding this I state that I have no knowledge of any condition that would prohibit me from safely participating. Please note: The City of Moorpark does not provide any insurance coverage of any kind, for your participation. The City of Moorpark strongly recommends that appropriate insurance be obtained by each participant. I, the undersigned, and in the event the undersigned is under 18 years of age, the undersigned's parents or guardian, in consideration of the request and permission to participate in the referenced activity, hereby assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the City of Moorpark, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the City of Moorpark, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members. I grant the City of Moorpark at its discretion and free of charge, permission to use videos, still photography, likeness, images, media, and/or voice recordings of myself or my child(ren) participating in City sponsored recreation programs for the purpose of publicizing said programs. The name(s) of my child(ren) or myself will not be used in conjunction herewith without my written permission. I certify that I am an amateur performer. The city reserves the right to reject any application. **PERMISSION FOR MEDICAL TREATMENT & TRANSPORT:** I, the undersigned, hereby grant the City of Moorpark and agents thereof, permission to summon 911 in the event that myself or my child(ren) require advanced first aid or medical treatment. I further grant permission to transport myself or my child(ren) to a center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat myself or my child(ren) if such treatment is reasonably required.

Participant Name (please print)	Parent/Guardian Name (If under 18)	Signature of Parent/Guardian/Participant	Date

PAYMENT INFO:

Please Note: Submission of this application and payment of entry fee does not imply any offer of performance at the final event.

☐ **Non-Refundable Entry Fee: $10.00**

❍ Check or money order (make checks payable to "City of Moorpark")

❍ Cash

❍ Charge my credit card:

I agree to pay above total amount in accordance with card issuer agreement.

Signature: _____

----------CONFIDENTIAL*SHRED AFTER PROCESSING* ----------

Card Number: _____-_____-_____-_____

Expiration Date: _____/_____ Visa or MasterCard ☐ ☐

Name on card: _____