



Sheri Kean Productions, Inc.

207.288.0345  
52 E. Strawberry Hill Road  
Bar Harbor, ME 04609  
info@sherikeanproductions.org  
www.sherikeanproductions.org

## Participant Contact Information Form

Participants Information: (please print below.)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Studio Affiliation (if any): \_\_\_\_\_

### Performance Info:

What will you be performing? \_\_\_\_\_ Dance/Style: \_\_\_\_\_

Group or Solo? (Circle one)

Music Artist: \_\_\_\_\_ Track Name: \_\_\_\_\_

Performance time: \_\_\_\_\_

Any special modifications or extra info to share: YES / NO (if YES please describe below.)

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

### In Case of an Emergency:

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I agree that this information is accurate and up-to-date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

(If under 18 years old, Parent/Guardian must also sign.)



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## **Participant Authorization and Permission to use Likeness Material Form**

I, \_\_\_\_\_, hereby grant Sheri Kean Productions, Inc., their designers, and successors (hereinafter referred to as the “Producers”):

1. The right to record and photograph my physical appearance, image, likeness, voice, performance, name, biographical information with or without my name, in any media format (digital, film, print, and online- hereinafter referred to as “Material”) created for Sheri Kean Productions, Inc. by its Producers for any pre/post production performance materials.

2. This right to record and use Materials grants the Producers copyrights to all intellectual materials created using the participant’s Likeness Materials. This is not limited to right to use, exhibit, broadcast or distribute the Materials on behalf of the Producers for any commercial, educational, or promotional purpose without restrictions or limitations. I further waive any right for approval of finished Materials.

I have read this Participant Authorization and Permission to use Likeness Material, I understand the aforementioned and I agree to its terms.

(Please Print Below.)

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian’s Signature:** \_\_\_\_\_

(If under 18 years old, Parent/Guardian must also sign.)



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## **Accident Waiver and Release of Liability Form**

I, \_\_\_\_\_, hereby assume all of the risks of participating in any activity associated with Sheri Kean Productions Inc. including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. This Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate. As a participant I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

1. I WAIVE, RELEASE, DISCHARGE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity.

2. THE FOLLOWING ENTITIES OR PERSONS: Sheri Kean Productions, Inc. their directors, volunteers, representatives, and the activity holders, sponsors; I HOLD HARMLESS AND PROMISE NOT TO SUE the entities or persons named above, all liabilities or claims made as a result of participation in the event, whether caused by the negligence of release or otherwise.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A BINDING CONTRACT; AND I SIGNED IT OF MY OWN FREE WILL.

Please print below.

**Participant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If under 18 years old, Parent /Guardian must also sign.)