

SO YOU WANT YOUR NAME IN LIGHTS (SYWYNIL) 2023
TEEN Talent Showcase and Workshop APPLICATION
AGES: 12 – 17 years *** Performance Duration – 3 minutes MAX**
PHONES: 321-217-4493 or 321-662-9039
EMAIL: yournameinlights09@gmail.com/ WEBSITE: www.nameinlights.org

NAME: _____ AGE: ___ ID/VERIFIED ___ GENDER ___
SCHOOL/ORGANIZATION: _____
PARENT/GUARDIAN (PRINT) _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE(S): _____ EMAIL: _____
TALENT CATEGORY (CHECK ONE): SING ___ DANCE ___ RAP ___ SPOKEN WORD/POETRY ___
OTHER (SPECIFY) _____. **APPLICATION DEADLINE 3 DAYS PRIOR TO EVENT**

ONE SHOWCASE WINNER SELECTED EACH MONTH. MONTHLY WINNERS PERFORM AT THE FINALS WHEN PRIZES ARE AWARDED ON SATURDAY, MAY 27, 2023.

WAIVER AGREEMENT

For and in consideration of benefits to be derived from the furtherance of the educational programs of So You Want Your Name In Lights (SYWYNIL) Youth Mentoring Program, I _____ personally do hereby consent, authorize, and grant permission to named student above to attend this educational workshop and participate in the talent showcase auditions. Prizes are announced and awarded at the FINALS on Saturday, May 27, 2023. Applicant is required to attend the TEEN TALK workshop conducted immediately prior to the talent showcase scheduled on the same day. It is understood that So You Want Your Name In Lights (SYWYNIL) Corporation, its employees, subsidiaries, affiliates, and volunteers shall not be liable for any claims, including any copyright infringement claim in connection with performance(s). It is further understood that parent(s) or legal guardian(s) releases, discharges, covenants not to sue, indemnifies and hold harmless So You Want Your Name In Lights (SYWYNIL) Corporation, its employees, subsidiaries, affiliates, and volunteers from all claims, suits, damages, liability, causes of action, cost, expenses, and demands. SYWYNIL participants shall not be entitled to receive any compensation in connection with stage performance(s). It is further understood that by signing this waiver, you give consent to So You Want Your Name In Lights (SYWYNIL) Youth Mentoring Program to use and reproduce participant's name, photo, audio-tape, video-tape, and film contained in advertising and marketing materials relative to this program, as well as, performance(s) may be broadcasted or published in perpetuity. You also confirm that you have read and fully understood this WAIVER AGREEMENT and the attached SYWYNIL Youth Mentoring Program/TEEN Talk and Talent Showcase Rules, Regulations, and COVID-19 Protocol.

AUTHORIZED SIGNATURE _____ DATE: _____

PRINT NAME: _____ (Must be age 18 /parent or guardian)