



Sounds@6, Hoptown Idol Registration Form

REGISTRATION INFORMATION

[Please print]

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone _____

E-mail Address: _____

Description of audition music:

Please return completed, signed form before performance via mail to: Hopkinsville Parks and Recreation, 2600 Thomas Street, Hopkinsville, Kentucky 42240, or fax at 270-632-2065, or bring this form night of event.
Questions? Contact Parks and Recreation at 270-887-4290

WAIVER AND RELEASE

The undersigned agrees to defend and hold harmless the City of Hopkinsville, Division of Parks and Recreation, Five Star Media Group, and all other event sponsors and agents from all injury, loss, costs, claims, or damages to any person or property arising from, related to, or in any way connected with participation in the Summer Salute Festival. I grant permission for you to publish any and all photos taken during these activities. Event organizers are granted permission to have medical personnel treat me, if needed, during my participation in the event.

Printed Name: _____ Signature: _____ Date: _____

