2010 Capital One Bowl Halftime Tour Personal Release Of Liability

EVERY tour participant (including performers and spectators) must supply all of the following information. Make copies as necessary. Please Print Clearly In Blue/Black Ink.

_____ _____ _____
Last Name First Name M.I.

(_____) _____ - _____ (_____) _____ - _____
Home Phone Cell Phone

Medical Data

_____ (_____) _____ - _____ (_____) _____ - _____
Family Physician Name Physician Day Phone Physician Night Phone

_____ _____
Family Insurance Company Group/Individual Policy Number

Is participant allergic and/or hyper-sensitive to any medication? ___Yes ___No

If yes, please list: _____
_____
_____
_____

Are there any other comments in regard to any medical treatment(s) deemed necessary by qualified medical personnel and/or medical institutions? ___Yes ___No

If yes, please list: _____
_____
_____
_____

In the event of an emergency, please list persons who should be notified:

_____ _____
Name Name

_____ _____
Relationship Relationship

(_____) _____ - _____ (_____) _____ - _____
Day Phone Day Phone

(_____) _____ - _____ (_____) _____ - _____
Night Phone Night Phone

(_____) _____ - _____ (_____) _____ - _____
Cell Phone Cell Phone

Please Read Carefully And Sign

I/We the undersigned, and/or parent(s) or guardian(s) of the aforementioned Participant (if under 21 years of age), understand that all participants are expected to conduct themselves in a mature manner regardless of age and the right is reserved to terminate halftime tour participation in the event of gross misconduct.

I/We understand that a high level of performance is expected from each Participant. With this in mind, rehearsals will be long and strenuous and will take place regardless of weather conditions and/or conditional rehearsal facilities.

I/We understand that chaperoned "free time" is generally offered during the halftime tour. However, an assigned staff member may not be at the Participant's side at all times.

I/We hereby grant permission, and hold harmless, Entertainment Special Productions, Inc., and/or its assignee(s), and/or medical personnel, and/or medical institution(s), to seek and/or provide any medical treatment(s) deemed necessary for prudent medical care. I/We authorize any attending physician to medically treat the aforementioned Participant as deemed appropriate.

I/We understand that Entertainment Special Productions, Inc. acts only as an agent, and assumes no responsibility or liability in connection with the tour or production activities, or with companies through which accommodations, transportation, or meals are secured nor for any services of any carriage, vessel, aircraft, conveyance, or company used wholly or in part, in the performance of its duty to passengers, nor for any act, error, or omission, or any injury to person or property, loss, accident, delay, or irregularity, which may be occasioned by reason of any defect in any vehicle or through neglect of any company or person engaged in carrying out activities specified in the tour itinerary.

I/We hereby grant permission to reproduce any individual images taken by professional photographers and videographers during the scheduled halftime tour and production for promotional or sales purposes.

I/We understand that in the circumstance that scheduled events or the halftime entertainment production is modified or canceled due to inclement weather, unacceptable field conditions as deemed by the stadium manager, Acts of God or any other circumstances beyond the reasonable control of all parties involved, all other contractual obligations shall survive.

I/We understand that Performers are prohibited from using any form of alcohol, illegal drugs, or tobacco. Anyone violating the law will be prosecuted and sent home at their own expense. ESP Productions shall relinquish all responsibility if you are detained by law enforcement authorities.

I/We understand that tour members may not change hotel rooms unless authorized by a senior ESP Productions staff member.

I/We understand that nightly curfews for performers will be strictly enforced even if participants are with a parent or coach. Performers are not to leave their room after curfew. Performers must be on their floor by 10:30 and in their room by 11:00 p.m.

I/We understand that tour members are not to enter a non-tour member's room or allow a non-tour member to enter their room. Female cast members may not enter a room with males and male cast members may not enter a room with females unless they are immediate family members.

I/We understand that all tour members (performers and spectators) must wear their All American I.D. card and bracelet at all times.

I/We understand that only officially registered tour members may participate in tour activities. (i.e. meals, buses, etc.)

I/We understand that Performers must ride tour buses to all scheduled events. Performers may not take a personal vehicle to any scheduled event, even if they are riding with a parent or group chaperone. In the event a performer wishes to leave the hotel property in a personal vehicle during free time, they must be accompanied by an adult or chaperone over twenty-one years of age. The performer and chaperone are required to check out at the ESP Information Desk. They must check in at the ESP Information Desk upon return to the hotel. This may only occur during free time. Performers are required to be in their rooms by curfew.

I/We understand that Performers must always travel in a group. Never sightsee or leave the hotel alone.

I/We understand that Entertainment Special Productions Inc. has no control of ABC-TV coverage.

IWe have read all of the information and understand and agree to all of the tour policies, including payment and event schedules and refund policy for cancellations.

_____ _____
Signature of Participant Signature of Parent/Guardian if Participant is under 21 years.

Date:_____ Date:_____

◆ All tour members must complete the reverse side of this form ◆

Register Online at

ESP PRODUCTIONS

www.ESPshow.com

Capital One Bowl All-American Halftime Tour Registration

Make additional copies as necessary. Each Performer and Spectator must complete both sides of this form and submit a deposit of $300 per person by September 7th. All information must be completed in full.

ESP Productions, 4539 36th Street, Orlando, FL 32811

Please Print ALL Information Clearly In Black/Blue Ink. Please do not staple payment to this form.

Last Name | First Name | M.I.

Mailing Address | Apt. / Unit #

City | ST | Zip Code

Age | Sex(M/F) | Home Phone | Cell Phone

E-mail Address

School / Group Name

Director / Coach Name | Director / Coach Phone

Register Online at www.ESPshow.com

Select up to 3 roommates:

Performers & Spectators may room together. Refer to the FAQ in this packet or at ESPshow.com for rooming questions.

SELECTION CODE: UPA

1. _____

2. _____

3. _____

Payment Info: Amount enclosed for this person $ _____

Please Check ✔ Payment Type: ❑ Check /M.O. ❑ Visa ❑ Master Card

Card # _____

Cardholder's Name _____

Exp. Date _____ / _____ / _____ 3-Digit Card Security Code (CSC) printed back of card

Credit Card Billing Address

_____
Street Address

_____
City, State, Zip

Make Checks Payable to ESP Productions

Please Check ✔ One Box For Each Of The Following

Category

❑ Coach/Director
❑ Family/Friend
❑ Cheer/Pom
❑ Dance
❑ Flag
❑ Twirler

Package / Room Type

❑ Quad (4 persons in room)
❑ Triple (3 persons in room)
❑ Double (2 persons in room)
❑ Single (1 person in room-Spectator Only)

(Maximum number of people per room is four.)

T-Shirt Size

❑ Small
❑ Medium
❑ Large
❑ X-Large
❑ XX-Large

(Adult sizes only)

Performer Costume Information: Provide All measurements and Circle one size.

Refer to the enclosed costume sizing chart for guidance. Round up, No fractions

Height: _____Ft. _____In.
Weight: _____ Lbs.
Bust/Chest: _____In.
Waist: _____In.
Hips: _____In.
Girth: _____In.

Girth is typically in the 50 - 60 inch range

Child Sizes	Adult Sizes
CXS	AS
CS	AM
CM	AL
CL	AXL
CXL	AXXL
	AXXXL
	AXXXXL