

## OWA-CHITO TALENT SHOW 2019 ENTRY FORM

We are proud to have the opportunity to promote the talent in our area and look forward to seeing your performance.

### NO ENTRY FEE!

- **WHEN:** JUNE 22<sup>nd</sup> @ 1:00 PM. CONTESTANT CHECK IN STARTS AT 11:00
- **WHERE:** BEAVERS BEND STATE PARK
- **WHERE WHO CAN PARTICIPATE:** EVERYONE

### THERE WILL BE 5 CATEGORIES

(1) Age 6 and under, (2) Age 7-10, (3) Age 11-14, (4) Age 15-19, (5) Age 20 and up.

- Groups and individuals will compete against each other. Vocalist/instrumentalists and dancers to compete against each other. We reserve the right to combine or split groups depending on entries if needed.
- Entries will be taken up to 12:00 pm on the day of competition but early sign up is encouraged and welcomed. Entry forms can be returned to:
  - Broken Bow Chamber of Commerce, 113 W. MLK Drive. Broken Bow, Ok 74728.
  - 580-584-3393 or emailed to Shawn Lyons – [shawnklyons@gmail.com](mailto:shawnklyons@gmail.com)

**Contest Format:** Contestants will have a time limit of 3 minutes to perform. Sound system and technicians provided. Contestants are required to bring; CD, sound track or instrument. (no cassettes please) (no bands) No professionals. If you get paid to perform – you cannot enter. This is an amateur talent show.

**Judging:** Each performance will be judged on stage presence, artistic performance, audience response, and musical/talent content. Lyrics and presentation must be acceptable in a family environment.

**Prizes:** Each category will have a 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> place. 1<sup>st</sup> place prize is \$100 and a trophy, 2<sup>nd</sup> place prize is \$50 and a trophy, and 3<sup>rd</sup> place prize is \$25. and a trophy.

Talent Selection \_\_\_\_\_ Name of Act: \_\_\_\_\_

Selection accompanied by: \_\_\_\_\_ Live instrument , \_\_\_\_\_ CD sound track, \_\_\_\_\_ Accapella

Contestant Name	Age	Contestant signature	If contestant is under 18 Parent/Guardian Signature
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____

If more are in your group, please use an additional form, and attach.

Contact name and phone numbers for act \_\_\_\_\_ Ph \_\_\_\_\_

Email \_\_\_\_\_

## Owa-Chito Events Disclaimer

This event is held by Kiamichi Owa-Chito, Inc. and various sponsors. In consideration of the acceptance of the right to participate; entrants, participants, and spectators release and discharge the Broken Bow Chamber of Commerce, the Beavers Bend State Park, and Kiamichi Owa-Chito Inc. all its directors, officers, employees, sponsors, agents, representatives, and anyone else connected with management and presentation of the Kiamichi Owa-Chito Festival, from any known and unknown damages, injuries, losses, judgments, and/or claims from any cause whatsoever that may be suffered by any entrant, participant, or spectator to their person or property. Further, each entrant expressly agrees to indemnify all the foregoing entities, firms, persons and bodies of any form from all liability occasioned from the conduct of any entrant, participant or spectator.

I agree to follow the directions of any event organizers, officials, judges, or volunteers and that any misconduct or refusal by me to follow any direction of any organizers, officials, judges, or volunteers can result in the **DISQUALIFICATION** and **CANCELLATION** of my participation in the activities and my immediate removal from the grounds where these activities are occurring. I understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply. I understand that all judges' decisions are final and that event judges have the right to disqualify me for any reason.

Any and all media taken by the Broken Bow Chamber of Commerce related to any participant, spectator, etc. becomes the property of the Broken Bow Chamber of Commerce and Kiamichi Owa-Chito, Inc. and can be used in future promotion of the festival and area.

I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms, and sign it freely and voluntarily.

(Entry form void unless signed.) Signature \_\_\_\_\_

(If under 18 parent or guardian must read and sign for minor)

Printed Name

\_\_\_\_\_ Date \_\_\_\_\_