

Performers Release Form Joharah's Fall Hafla  
and Workshop – May 7 & 8, 2010

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I, the undersigned (or Legal Guardian), certify that I am 18 years or older, and have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. Information collected will not be shared, used or disclosed for any purpose other than as stated above.

**PLEASE PRINT**

**Performance (Stage) Name:** \_\_\_\_\_

**Group Name (if part of a group):** \_\_\_\_\_

**Legal Name of Performer:** \_\_\_\_\_ **Age (if minor):** \_\_\_\_\_

**Parent/Legal Guardian Name, if minor:** \_\_\_\_\_

**Relationship to performer (if appropriate):** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**All sections must be filled out completely. Form MUST be signed manually.**

\_\_\_\_\_  
**PERFORMER SIGNATURE**

**(Must be signed by Parent/Legal guardian, if under 18)**