

**Please print with complete information**

Last Name:		First Name:	
Home Phone:		Cell Phone:	
E-Mail:		Other:	
Mailing Address:			
City:		State:	Zip:
Affiliation at Festival: (Name of Show/Crew, Department, Booth)			
<b>Adult Guardian's Name:</b> (If under 18)		Guardian's Phone:	
Emergency contact:			
Relationship:		Emergency Phone:	

**Please read the following terms carefully.**

**Signing this form signifies that you understand and agree to abide by the terms below.**

1. I agree that, regardless of compensation, if any, I shall work as an independent contractor. This means that I maintain an independent business, provide my own costumes, equipment, and insurance coverage.
2. I give my consent to Red Barn Productions (RBP) for the use of my name, biography, image, voice in connection with performances and without inspection or payment for advertising, commercial, or promotional purposes.
3. I agree that I am solely responsible for all claims, liabilities, and damages that might arise out of my activities. I exonerate, indemnify, defend, and hold harmless RBP, The Cow Palace, and any officer, agent, or employee for any loss, damage, liability, or claim resulting from my acts or omissions.
4. I understand that outside alcohol is not permitted under any circumstances, and that possession is grounds for expulsion from the event. I may also be asked to leave if I am being disorderly, if I am under the influence of alcohol or drugs, or if I am a minor consuming an alcoholic beverage. I understand that smoking inside the event is a serious offense and may result in termination of my participation at the festival, a fine, or both. I also understand that I must surrender my pass upon the request of security, or any authorized staff person.
5. I understand that I am responsible for the security of my own person, costumes, and equipment. Festival Security Personnel will be provided and can assist in emergency situations, if necessary, but ultimately, neither RBP or The Cow Palace, nor its personnel are responsible for any participant's injury or loss.
6. I understand that if I have a special medical issue/allergy, etc., I am strongly encouraged to have a MedicAlert style bracelet, or to attach a description of my condition to my gate pass and always carry it on my person.
7. I understand that, if I am under 18 years of age, I will have an adult (21 years of age or over), responsible for me. His/Her name and contact is written above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY – DO NOT WRITE IN THIS SPACE**

Workshop #1

Workshop #2

Workshop #3

Workshop #4

Workshop #5

Costume Approval

Director Approval