

World Arirang Artist Center

2529 FM 1827 Mckinney TX 75071

Tel: 972-800-2486 Email: info@worldarirang.us

Worldarirang.org

APPLICATION & WAIVER FORM

Participant Name(s) _____

Street Address _____

City/State/ZIP _____

Email/Web _____

Phones: Work: _____ Cell: _____ Fax: _____

PERFORMANCE

Number of Performers _____ Length _____ ()

Performance Description _____

Special Requirements _____

CONSENT AND RELEASE

I give permission to the **World Arirang Artist Center** and/or its agents and sponsors for the recording, reproduction, and broadcasting/telecasting of any visual or aural occurrences during the _____ or its preparation.

I assign all rights and release from liability the **World Arirang Artist Center** and/or its agents for the recording, reproduction, exhibition, broadcasting, telecasting, and distribution of my visual image, biography, voice, musical and/or theatrical performance, and musical text and/or written text materials used in such performance in connection with the production of the _____.

The undersigned hereby releases and forever discharges **World Arirang Artist Center**, its officers, directors, employees, attorneys, agents, and assigns, and all other persons, firms, or corporations liable or who might be claimed to be liable ("Organization"), none of whom admit any liability to the undersigned, but all expressly deny any liability, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, and particularly without limitation on account of all injuries or claims, known and unknown, both to person and property, which may result or may in the future develop from any activities taking place in connection with the activities contemplated hereby.

The undersigned hereby indemnifies and agrees to defend and hold the Organization and its sponsors harmless from and against any claims, demands, loss, damage, or expenses resulting from the negligent acts or omissions of the Organization which may result or may in the future develop from any such activities.

I agree to the release of any and all records necessary for the audit by the **City of Princeton** of all transactions between the **World Arirang Artist Center** and participants.

I understand that the World Arirang Artist Center reserves the right to refuse _____, and this application does not guarantee the applicant the right to participate in the performance.

Signature _____

Title/Designation: _____

Date _____

WAAC, a non-profit organization, has applied for federal tax exemption as a 501(c)3 public charity and if this designation is granted, then the full amount of your contribution will be deductible for federal income tax purposes.