



Blue Quill Party in the Park 2017 Performer Application Form

Applications will be reviewed on a first come, first served basis. Acts will be selected and confirmed with the contact provided below. Please return this application form to

Ashley@bqcl.org or, mail it to:

Blue Quill Party in the Park, 11304 25 Ave NW, Edmonton, AB, T6J 5B1

Name of group: _____ Contact Name: _____

Contact Email: _____ Phone: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Website: _____

Instagram (Our preferred platform): _____

Facebook: _____

Twitter: _____

Other Social Media Platforms (eg. Youtube): _____

Musical Genre: _____

Performance Set Length (Max. 45 min) _____

Will you perform with a band or bring your own music? _____

Tell us about yourself! Give us a brief history of other festivals you've played, musical opportunities you've achieved, your general background, etc.

Release and Assumption of Risk

I acknowledge that I am participating in the Blue Quill Party in the Park Music Festival at my own risk and I am fully aware of any hazards and potential hazards, which are inherent to this festival.

In consideration of being allowed to participate in the Blue Quill Party in the Park Music Festival, **I HEREBY ASSUME ALL RISK AND I HEREBY FOREVER RELEASE AND ABSOLVE:**

Blue Quill Community League, the administrators, legal representatives, successors and assigns (collectively, the releases), of and from all responsibility, liability or claims of any nature and kind which I may have arising from my participating in the Music Festival, including but not limited to bodily injury or death to myself and damage to property arising from any cause whatsoever, including negligence of one or more of the releases.

I hereby declare that in making this entry that I have read fully and understand and agree to the terms and conditions stated herein and that it is binding upon me and my executors, heirs and assigns. This Release of Assumption and Risk shall be governed by the laws in force in Alberta from time to time.

I, the undersigned, am 18 years of age or older
OR my guardian (in the event that I am under 18 years of age),
has read, understood, and agreed to this release and assumption of risk as outlined above.

Signature

Date