

The Star Experience Canada 2016 Registration Form 001 (Solo Category)

(Please fill out this form, sign, and send it back to tseeveriathing@gmail.com.)

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LAST NAME :		FIRST NAME :		
ADDRESS:		CITY:		
POSTAL CODE :		PROVINCE :		
CONTACT NUMBER:		EMAIL:		
STAGE NAME:		BIRTHDATE:		
SUBMISSION DETAILS: Please fill of	out the boxes below:	1		
SONG TITLE:				
MAXIMUM TIME (Song) 4:00 minutes		MAXIMUM TIME (If adding message to song) 04:30 seconds		Genre:
YOUTUBE LINK (Please paste the U	RL of your YouTube enti	ry in your email wher	า you su	ibmit this form.)
WAIVER AND AGREEMENT				
☐I have voluntarily completed and	d submitted The Star Exp	perience Canada 2010	6 Entry	Form & Video
☐ I have read and understood and http://www.everiathing.com/#!tse	•		s & Guio	delines on
☐ By joining the contest, I hereby and social media and portals and bother designated assigns. In consider the Star Experience contest organizers. The Star Experience. I agree that in the use of my name, likeness, voice eveRIAthing publicity and related in	proadcast by eveRIAthing deration of my participal s and producers to use my participation may no e and biographical mate	g and Shaw TV/SHAW tion in this contest, I my appearance in co ot warrant winning the crial, video, audio in co	/ Multic hereby onnecti ne cont	cultural Channel, and any grant permission to The on with the contest and est but I fully consent to

I understand that by virtue of this participation, I give eveRIAthing, their producers, partners, sponsors and their respective licensees, designees and assigns (individually and collectively), the right to use my photos, videos, performances, audio and all such other materials received from me or derived from said contest participation; the right to film, photograph and record my name, nickname, pseudonym, persona, picture, biographical material, voice and/or likeness and to use the same in publications (print or otherwise), marketing or promotional materials, advertising campaigns, relevant to the production, release, promotions and

marketing of said TV show and or contest, the advertising and promotion thereof including, without limitation, to exposure in all forms of television, video, radio, print, social media networks and other advertisements, promotions and publicity for eveRIAthing and The Star Experience.

If I qualify for the finals, I commit to attending the 2016 Wall of Stars Awards Night, August 27th, where I will perform my winning song live in front of the judges. I further agree that if I win any of the Major Awards, I will be available for any promotional activities that The Star Experience Canada requires me to be a part of. I understand that I and the other winners will be given enough due notice by The Star Experience to confirm our availability.

gnature of Artist :Date:		
Address:		
Age of Artist as of Dec. 31, 2016:		
PARENTAL RELEASE (for minors aged 18 and b	pelow):	
I represent that I am a parent (legal guardian	n) of the above minor who has signed the above release, and I	
hereby agree that we shall both be bound ther	reby.	
Signature of Parent/Legal Guardian:		
Relationship to Minor:	Date:	
Name (please print):		
Address:		