

Competition Registration Form - SOLOIST

SELECT YOUR CATEGORY:

RAKSTAR

Mr. RAKSTAR

STARLETTE

STARLETTE TEEN

Full Name: _____

City: _____ State: _____ Country: _____

Email address: _____ Website: _____

Dance School: _____

Stage Name: _____

Age: _____ Years of experience: _____

Your choreography is: Original(Competitor) Created by a Choreographer*

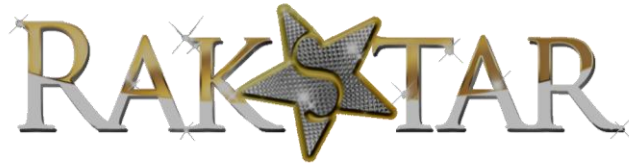
*If your routine was created by a choreographer, please provide name and information: _____

Workshop registration requirement completed: Yes No

Total amount paid: _____ Cash/Check/Paypal Reference number: _____

Age if Minor: _____ Signed(Parent/Guardian) _____ Relationship: _____

Legal Signature: _____ Date: _____



COMPETITION TECHNICAL INFORMATION - SOLOIST

- SELECT YOUR CATEGORY:** **RAKSTAR** **Mr. RAKSTAR**
 STARLETTE **STARLETTE TEEN**
- This information is for:** **PRELIMINARIES** **FINALS**

Dance School: _____

City: _____ State: _____ Country: _____

Email address: _____ Website: _____

Dance School: _____

Stage Name: _____

Age: _____ Years of experience: _____

Name of the music performing to: _____ Composer / CD: _____

Format of music is being sent in: _____ Length of music: _____

Style of Dance: _____ Color of Costume : _____

Any props being left on the stage: Yes No

Dancers Starts: **Onstage** **Offstage**

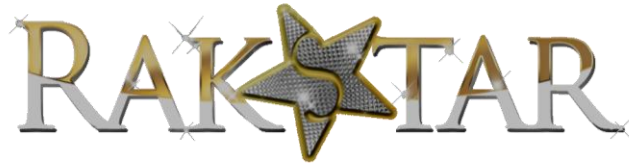
Music/Lights Starts: **Music First** **Lights First**

Short Bio (one sentence) with name and where you are from: _____

****We reserve the right to stop anyone from performing if we deem necessary because of distasteful music, costuming, or other.***

****Order of competitors are by reverse order received. First received entry goes last. Last entry received will go first!***

Legal Signature: _____ Date: _____



PERFORMER & COMPETITOR RELEASE FORM

I, the undersigned, hereby grant right and permission to Virginia Mendez, Bellydance by Virginia, C.O.M.E Dance, and Rakstar Productions to take photographs, digital video/film footage, motion pictures, and/or audio reproductions of the person(s) named below in conjunction with Rakstar Gala Show, and Competition.

I accordingly give Virginia Mendez, Bellydance by Virginia, C.O.M.E. Dance, and Rakstar Productions the right to use my image, performances, voice, pronouncements, likeness, and my name and or biographical material submitted and or performed by me in connection with said events, whether used in excerpts or in full for retail and wholesale sales and or distribution. Use is granted for purposes of the reproduction, distribution, and for any associated advertising or exhibition, such as promotional videos, DVD's, display on the internet and in galleries, as well as public relations and press materials, advertisements, and documentation of said events.

I agree that I will not alter, edit, use, or duplicate any footage, or media images from any of these productions filmed without written permission from Virginia Mendez, including cut videos for youtube or burn duplicates of DVD's.

I will be held responsible for gaining the mechanical license and rights to any and all music I will be using during the Competition and the Gala Show. Virginia Mendez, Bellydance by Virginia, C.O.M.E. Dance, and Rakstar Productions will not be held liable for any musical rights or licenses.

I, the undersigned, certify that I am 18 years or older, or have obtained parental permission if a minor, and have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Performer's Legal Name _____

Stage Name: _____

Group Name: _____ Dance School: _____

City: _____ State: _____ Country: _____

Email address: _____ Website: _____

Age if Minor: _____ Signed (Parent/Guardian) _____ Relationship: _____

Legal Signature: _____ Date: _____

I _____ agrees that I/they will not hold Virginia Mendez, Bellydance by Virginia, COME Dance & Arts or Rakstar liable for any and all injuries or damages incurred during any of the events from September 30 to October 4, 2015 at the Rakstar 2015 event at the Alexander hotel in Miami Beach, Florida.

Signature _____ Date _____