

Agoura Hills/Calabasas Community Center

Band Application

All bands must complete this application to play at the Community Center. Please print clearly.

Band Information

Band Name: \_\_\_\_\_ Bands Hometown: \_\_\_\_\_

	<u>Band Member</u>	<u>Age</u>	<u>Instrument</u>	<u>Phone Number</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Describe the kind of music your band plays: \_\_\_\_\_

How did you find out about playing at the Community Center? \_\_\_\_\_

Background Information

Has your band played live before? Yes No

If yes, most recent performance: Venue: \_\_\_\_\_ Year: \_\_\_\_\_

What other bands have you played with? \_\_\_\_\_

Do you understand that we will not tolerate any misconduct during performances? Yes No

Contact Information

Contact Person's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Do you give the Agoura Hills/Calabasas Community Center permission to give out your band information to other venues? Yes No

General Waiver

I certify that I am volunteering to participate in the above program(s). I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program. I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the Program. I realize that, by participating in this Program, I will be exposed to a risk of injury or death. In consideration of permitting me to enroll in and participate in the Program, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of, or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I further agree (on behalf of myself, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of, or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I understand the dangers incidental to participating in the Program and the need for safety precautions.

Band Members Signatures: \_\_\_\_\_

Date \_\_\_\_\_