

ESME Applied Solo Intensive and Ensemble Retreat

- This application can be filled out electronically and submitted to esmelivemusic@gmail.com or printed and mailed to the address below:

ATTN: Gene Hahn, 3897 Yorkland Dr NW #4, Comstock Park, MI 49321

- Registration Fee : \$100. mail a check made payable to Project ESME along with your application .



Student Name: _____ **Birthdate:** _____

Student Email: _____ **Phone Number:** _____

Permanent Address: _____

School Name: _____ **Grade for Fall 2022 Academic Year:** _____

Orchestra Director: _____ **Director's Email:** _____

Primary Instrument: _____ **How many years have you been playing?** _____

Do you take private lessons? _____ **Name of instructor** _____

List any secondary instruments: _____

Parent/Guardian Name: _____

Parent Email: _____ **Phone Number:** _____

Emergency Contact Person: _____

Relation to student: _____ **Phone Number:** _____

Please list any times the student is unavailable

How did you hear about us? _____

Student Signature: _____ **Parent Signature:** _____

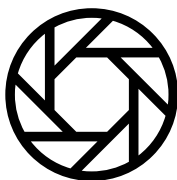


PHOTO AND MEDIA RELEASE FORM

I, _____ hereby authorize Project ESME, and those
Participant's Name

acting pursuant to its authority, or with its permission, to interview and/or to have photographs, audio, or audiovisual recordings made of the above-named participant. I further grant permission to Project ESME to use the participants name, voice, photo, video, interview, performance and likeness for educational, informational, and promotional purposes for camps, programs, and events for all forms, media and manners, including, but not limited to footage, videos, audio recording, promotional pieces, documentaries, DVDs, documentaries, news releases, photographs, website, internet mediums, marketing, advertising, trade, promotion, and exhibition for an indefinite period of time. I give unrestricted permission for images, videos, and recordings of the above-named participant to be used in print, video, digital, and internet media in whole or in part. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me. I acknowledge that I, the above-named participant, will not be compensated for the use of these media images. I also hereby grant Project ESME a nonexclusive, perpetual, irrevocable, royalty-free, fully paid-up, worldwide license to copy, sell and distribute in any manner of content created while attending ESME Applied Solo Intensive and Ensemble Retreat.

Participant Name: _____

Parent or legal guardian name if participant is under 18: _____

Signature of participant

Signature of parent/ legal guardian

By signing this form, I acknowledge the terms and conditions of ESME Applied Solo Intensive and Ensemble.