



## ENTRY FORM

Please complete entire form and submit with video! Incomplete forms will be disqualified.

Information of contact person submitting the entry (Producer)

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### A. If your lip sync is MUSICAL, please complete this section:

Name of group/individual (will appear in credits) \_\_\_\_\_

Name of Song & Artist: \_\_\_\_\_

Length of video: \_\_\_\_\_ (should be no more than 4 minutes) Number of performers: \_\_\_\_\_

*Skip section B and complete section C*

### B. If your lip sync is SPOKEN WORD, please complete this section

Name of group/individual (will appear in credits) \_\_\_\_\_

Title of video: \_\_\_\_\_

What is the subject of your lip sync? (ie Monologue from movie/ TV show, president speech, etc):  
\_\_\_\_\_

Length of video: \_\_\_\_\_ (should be no more than 4 minutes)

*Skip section A and complete section C*

### C. All performers must read and sign the following:

I appeared in the production named above, or in one or more other productions produced by the producer named above. I performed in the production(s) of my own free will and without coercion of any kind. I consent to these depictions and to the appearance of images of me in these depictions. I am aware that public viewing of these images can subject me to ridicule, embarrassment, reproach, scorn and indignity. I understand that completing this form is not a guarantee of my acceptance into the screening/competition, and in no way guarantees I will be compensated. I understand that the production(s) may be screened in public and private settings, and edited and otherwise modified, and that images of me may be edited, blurred, enhanced, modified, or entirely deleted. I consent to all of the foregoing possibilities, and release any and all rights I may have to the production(s) or images of me therein, and to any income, gain or profit realized from the production or images of me therein. I understand that The Siren Theater is relying on the truth of my statements and affirm that they are true and correct. I am entering into this Release and Acknowledgements of my own free will, without coercion or compulsion of any kind. I understand that I may consult an attorney before signing below and that this document affects my legal rights.

**Name and signature of all individuals appearing in video. Attach a second sheet if necessary:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_