2020/2021 ALL AMERICAN HALFTIME TOUR REGISTRATION

EVERY tour member (including spectators) must submit a tour registration & release of liability form with a deposit of \$300.00 per person by September 7th. Refer to the back cover of your All American brochure for the required Selection Code information. Please use Black/Blue ink to complete forms. Make checks payable to: ESP Productions

MAIL FORMS AND DEPOSIT TO: ESP PRODUCTIONS • 4539 36TH STREET • ORLANDO, FL 32811

PLEASE PRINT ALL INFORMATION CLEARLY IN BLACK/BL	UE INK. PLEASE DO NOT STAPLE FORMS OR CHECKS	NAME
	LAST NAME	2. FIRST NAME
MAILING ADDRESS		LAST NAME
CITY	STATE ZIP	3. FIRST LAST
AGE DATE OF BIRTH	GENDER: MALE FEMALE	NAME
HOME	CELL PHONE	Payment Enclosed For This Person: \$
•• IMPORTANT •• E-MAIL ADDRESS REQUIRED •• ALL TOUR	R INFORMATION AND UPDATES WILL BE E-MAILED ••	PAYMENT TYPE: CHECK M.O. VISA/MC/DISCOVER
EMAIL ADDRESS ADDRESS		CARD #:
VERIFY EMAIL		EXP. DATE: 3 DIGIT CODE
TOUR CHAPERONE - All participants under 18 years of age must be atte	NAME ON CARD:	
	LAST NAME	FIRST NAME
HOME	CELL PHONE	LAST NAME
		BILLING ADDRESS (If different from registration address:)
SCHOOL/GROUP NAME		ADDRESS
COACH/ DIRECTOR	COACH/ DIRECTOR	CITY
NAME L L L L L L L L L L L L L L L L L L L	Make Checks Payable to: ESP Productions	
PLEASE CHECK ONE BOX FOR	PERFORMER COSTUME INFORMATION:	
	T-SHIRT SIZE Have you previously performed in the SMALL All American Halftime Show?	CRITICAL INFORMATION: Please provide all requested measurements and select one costume size. Refer to the chart shown in "Costume FAQ" at AllAmericanHalftime.com for size. Be accurate, no fractions, round up numbers.
COACH/DIRECTOR QUAD \$1199 COACH/DIRECTOR TRIPLE \$1258 COACH/DI	MEDIUM YES	HEIGHT: FT IN <u>CHILD SIZES:</u> <u>ADULT SIZES:</u>
CHEER/POM DOUBLE \$1371	LARGE IF YES, HOW MANY TIMES?	WEIGHT: LBS IC SA
DANCE SINGLE \$1748	X LARGE 1	BUST: MC MA LC LA
		WAIST: IN
FLAG Prices shown are Per Person.	XX LARGE 3	HIPS: XXLC XXLA
add \$200.00 Floddciion Fee.	ADULT SIZES ONLY) 5+	GIRTH: XXXLA XXXXLA

SELECT UP TO 3 ROOMMATES

FIRST NAME

Performers & Spectators may room together. Refer to "Tour Info"

LAST

at AllAmerican Halftime.com for more roommate information.

SELECTION CODE

ALL AMERICAN HALFTIME TOUR RELEASE OF LIABILITY

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	and will take place regardless of weather conditions and/or conditional rehearsal facilities.	
FIRST NAME	I/We understand that Entertainment Special Productions, Inc. will engage operational staff to generally administer the performance to Entertainment Special Productions, Inc. does not hold responsibility for chaperoning Participants. It shall be further understood that an assign	
LAST NAME	staff member may not be at a Participant's side at all times during scheduled events or during "free time."	
HOME PHONE	I/We hereby grant permission, and hold harmless, Entertainment Special Productions, Inc., and/or its assignee(s), and/or medical personn and/or medical institution(s), to seek and/or provide any medical treatment(s) deemed necessary for prudent medical care of Participa Authorization is granted to any attending physician to medically treat the aforementioned Participant as deemed appropriate.	
THORE	I/We understand that Entertainment Special Productions, Inc. acts only as an agent for the Participant, and assumes no responsibility	
CELL PHONE	liability in connection with the tour or production activities, or with companies through which accommodations, transportation, or mea are secured nor for any services of any carriage, vessel, aircraft, conveyance, or company used wholly or in part, in the performance of duty to passengers, nor for any act, error, or omission, or any injury to person or property, loss, accident, delay, or irregularity, which may occasioned by reason of any defect in any vehicle or through neglect of any company or person engaged in carrying out activities specifi	
PHYSICIAN NAME	in the tour itinerary.	
PHYSICIAN DAY PHONE	I/We hereby grant permission to reproduce any images of Participant recorded by any photographer and videographer during the producti tour for any promotional or commercial purpose.	
DALFTONE	I/We understand that in the circumstance of any scheduled event or the entertainment production is modified or canceled due to incleme	
PHYSICIAN	weather, unacceptable field conditions (as deemed by event management), Acts of God or any other circumstances beyond the reasonal control of all parties involved, all other contractual obligations of the Participant shall survive.	
PHONE	I/We understand that any Participant apprehended by law enforcement authorities will be will be immediately disengaged from the tour without	
INSURANCE COMPANY	further notice or obligation whatsoever of Entertainment Special Productions, Inc.	
	I/We understand that all tour members (performers and spectators) must wear their All American I.D. card and bracelet at all times and the only officially registered tour members may participate in tour activities. (i.e. meals, buses, etc.)	
POLICY NUMBER	I/We understand that all Participants must be traveling with others to fulfill your purchased room occupancy tour package. If your list roommate(s) does not register for the production tour (or are removed from the production tour roster due to non-payment or any other reason you will be required to upgrade to a lower room occupancy tour package at an additional per person cost.	
GROUP NUMBER		
CLAIMS	I/We understand that performer Participants must ride tour transportation to all scheduled events. Performer Participants may not take	
CLAIMS PHONE	personal vehicle to any scheduled event, even if they are riding with a parent or group chaperone. In the event a performer Participant leav the hotel property in a personal vehicle during free time, the Participant must be accompanied by an adult or chaperone over twenty-one year	
IS PARTICIPANT ALLERGIC AND/OR HYPER-SENSITIVE TO ANY MEDICATION?YESNO	of age. The performer Participant and adult chaperone are required to check out at the ESP Information Desk. The performer Participant a adult chaperone must check in at the ESP Information Desk upon return to the hotel. This may only occur during free time.	
IF YES, PLEASE LIST:	I/We understand that Entertainment Special Productions Inc. has no control of television coverage.	
	I/We have read all of the tour information, understand and agree to all of the Tour Policies, including payment and event schedules and refu	
	policy for cancellations.	
ARE THERE ANY OTHER COMMENTS IN REGARD TO ANY MEDICAL TREATMENT(S), DIETARY NEEDS OR		
PHYSICAL CONCERNS WHICH MAY REQUIRE SPECIAL ATTENTION?YESNO		
IF YES, PLEASE LIST:	Signature of Participant Signature of Parent/Guardian if Participant is under 21 years.	
	Date: Date:	

Please Read Carefully And Sign

I/We the undersigned Participant, (and/or parent(s) or guardian(s) of the aforementioned Participant if Participant is under 21 years of age), understand that all Participants are expected to conduct themselves in a mature manner regardless of age and the right is reserved to immediately terminate All American Halftime Show tour participation in the event of gross personal misconduct or violation of Tour Policies by any person. Participants under 18 years old must be accompanied by an adult tour member over 21 years of age.

I/We understand that a high level of performance is expected from each Participant. With this in mind, rehearsals will be long and strenuous