



# Performance Art Application and Media Waiver (see reverse)

**Application Deadline February 23**



Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Preferred Method of Communication: or choose more than one       Call       Text       Email

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

AMP is a dual event with art and a performance showcase. All performers are asked to choose a visual art piece from the virtual gallery to “perform” to. Choose an art piece that inspires you to perform. It can be a new or existing performance. To view the AMP art pieces, visit [www.lifeways.us/virtual-gallery.html](http://www.lifeways.us/virtual-gallery.html)

You may contact your Lifeways Counselor at your school if you have questions or at: [office@lifeways.us](mailto:office@lifeways.us) or 605-716-6555

**Visual art piece selection**

Number: \_\_\_\_\_ Title: \_\_\_\_\_

Title of YOUR Performance Piece: \_\_\_\_\_

Description of your Performance and any props or assistance you will need. \_\_\_\_\_

**Supporting Documentation: All performance applications must include supporting documentation (a video or audio example) of the intended performance to be considered.** Please send all supporting documentation to [office@lifeways.us](mailto:office@lifeways.us) or call us for texting or questions.

I understand that if my performance is selected, I must be present for both the Dress Rehearsal (Friday, March 8, 2023, from 5:00 PM- 7:00 PM) and the AMP Live Event (Saturday, March 9, 2023, from 5:00 PM- 8:00 PM – Show begins at 6:00 but must arrive early). Both the Dress Rehearsal and AMP Live Event will be held at The Dahl Arts Center (713 7th St, Rapid City, SD 57701).

**PLEASE SEE REVERSE FOR MEDIA WAIVER**

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

1010 9<sup>th</sup> Street, Suite 2•Rapid City, SD 57701  
Phone 605.716.6555 • Fax 605.716.6557 • [office@lifeways.us](mailto:office@lifeways.us)



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*"Youth Empowered to be Substance Free."*

**Photograph, Internet, Television, Videotape  
and/or Sounds Recording Authorization and Release**

I authorize Lifeways, Inc. to utilize photographs, audio or videos that I and my parent/guardian have been included in as part of my participation in Lifeways AMP prevention events for any and all purposes related to the promotion the Lifeways mission, "Through Prevention, Intervention, and connection, Lifeways partners with schools and communities to inspire and equip youth to be healthy and substance free." I understand and agree that any video footage, photographs, or recordings that I have provided to Lifeways will be returned to me if requested.

I hereby irrevocably authorize Lifeways to copy, exhibit, publish, and/or distribute such materials, now or at any time in the future, for the purposes of Lifeways programs, advertising, or any other lawful purpose. In addition, I hereby waive all right to inspect or approve the use of the materials, now or in the future.

Date \_\_\_\_\_

\_\_\_\_\_  
Print Full Name of AMP Youth Participant

\_\_\_\_\_  
Signature of AMP Youth Participant

**I DO NOT CONSENT TO THE ABOVE AUTHORIZATION AND RELEASE  
AMP YOUTH PARTICIPANT PLEASE INTIAL HERE**

**For Minors (under the age of 18)**

I, the undersigned, being the parent and/or guardian of the named minor below, do hereby consent to the above authorization and release. I hereby warrant that I have read the above authorization and release, prior to its execution, and that I fully understand the contents, meaning, and impact of this authorization and release.

Date \_\_\_\_\_

\_\_\_\_\_  
Print Full Name of AMP Youth Participant

\_\_\_\_\_  
Print Full Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Street Address, City, State, and Zip (if different than what is noted on AMP application)

**I DO NOT CONSENT TO THE ABOVE AUTHORIZATION AND RELEASE  
PARENT/GUARDIAN PLEASE INTIAL HERE.**

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