Register Online at



CAPITAL ONE BOWL ALL AMERICAN HALFIME TOUR REGISTRATION

EVERY TOUR MEMBER MUST COMPLETE BOTH SIDES OF FORM AND SUBMIT A \$300 DEPOSIT BY SEPTEMBER 7^{TH} . INFORMATION MUST BE COMPLETED IN FULL. MAKE COPIES AS NECESSARY OR PRINT FORMS AT ESPSHOW.COM.

ESP PRODUCTIONS, 4539 36TH STREET, ORLANDO, FL 32811

| PLEASE PRINT ALL INFO | RMATION CLEARLY IN BLACK/E | BLUE INK. PLEASE DO | NAME | | | | | | | | | |
|--|---|---|--|---|--|--|--|--|--|--|--|--|
| FIRST | | LAST | | 2. FIRST LAST NAME | | | | | | | | |
| ADDRESS CITY AGE DATE O BIRT | F | | STATE ZIP FEMALE FEMALE | 3. FIRST NAME LAST NAME | | | | | | | | |
| HOME - | ANT ** EMAIL ADDRESS REQUIRED ** | ALL TOUR INFORMATION A | AND UPDATES WILL BE EMAILED** | PAYMENT ENCLOSED FOR THIS PERSON: \$.00 PAYMENT TYPE: CHECK M.O. VISA/MC/DISCOVER CARD #: - 3 DIGIT CODE | | | | | | | | |
| EMERGENCY CONTACT: FIRST NAME | | LAST NAME CELL PHONE COACH/DIRECTOR PHONE | | NAME ON CARD: FIRST NAME LAST NAME BILLING ADDRESS IF DIFFERENT: ADDRESS CITY Make Checks Payable to ESP Productions | | | | | | | | |
| P | lease check one box f | or each of the f | ollowing: | Performer Costume Information: | | | | | | | | |
| CATEGORY COACH/DIRECTOR FAMILY/FRIEND CHEER/POM DANCE FLAG TWIRLER | PACKAGE/ROOM TYPE PERFORMER QUAD \$1169 TRIPLE \$1229 DOUBLE \$1339 SPECTATOR QUAD \$989 TRIPLE \$1049 DOUBLE \$1159 SINGLE \$1529 PRICES LISTED ARE PER PERSON | T-SHIRT SIZE SMALL MEDIUM LARGE X LARGE XX LARGE (ADULT SIZES ONLY) | OPTIONAL AIRPORT SHUTTLES I WOULD LIKE TO SCHEDULE AIRPORT SHUTTLES FOR ARRIVAL AND DEPARTURE DAYS: YES NO NOT SURE YET REFER TO "TRANSPORTATION TO ORLANDO" IN THIS PACKET FOR SHUTTLE TIMES AND COST | THIS INFORMATION IS CRITICAL: PROVIDE ALL MEASUREMENTS AND CHECK ONE COSTUME SIZE. REFER TO THE CHART SHOWN IN "COSTUME INFORMATION" FOR CORRECT SIZE. PLEASE BE ACCURATE. NO FRACTIONS. ROUND UP TO NEXT SIZE. HEIGHT: FT IN CHILD SIZES: WEIGHT: LBS XSC SA BUST: IN MC LA WAIST: IN LC XLA HIPS: IN XXLA GIRTH: IN XXXXLA | | | | | | | | |

SELECTION CODE

SELECT UP TO 3 ROOMMATES: PERFORMERS & SPECTATORS MAY ROOM TOGETHER.

REFER TO THE FAQ IN THIS PACKET OR AT

FIRST NAME

ESPSHOW.COM FOR ROOMING QUESTIONS.

Register Online at ESPshow.com or Detach and Return

Please Read Carefully And Sign

I/We the undersigned, and/or parent(s) or guardian(s) of the aforementioned Participant (if 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 terminate halftime tour participation in the event of gross misconduct.

I/We understand that a high level of performance is expected from each Participant. With this in mind, rehearsals will be long and strenuous and will take place regardless of weather conditions and/or conditional rehearsal facilities.

I/We understand that chaperoned "free time" is generally offered during the halftime tour. However, an assigned staff member may not be at the Participant's side at all times.

I/We hereby grant permission, and hold harmless, Entertainment Special Productions, Inc., and/or its assignee(s), and/or medical personnel, and/or medical institution(s), to seek and/or provide any medical treatment(s) deemed necessary for prudent medical care. I/We authorize any attending physician to medically treat the aforementioned Participant as deemed appropriate.

I/We understand that Entertainment Special Productions, Inc. acts only as an agent, and assumes no responsibility or liability in connection with the tour or production activities, or with companies through which accommodations, transportation, or meals are secured nor for any services of any carriage, vessel, aircraft, conveyance, or company used wholly or in part, in the performance of its duty to passengers, nor for any act, error, or omission, or any injury to person or property, loss, accident, delay, or irregularity, which may be occasioned by reason of any defect in any vehicle or through neglect of any company or person engaged in carrying out activities specified in the tour itinerary.

I/We hereby grant permission to reproduce any individual images taken by professional photographers and videographers during the scheduled halftime tour and production for promotional or sales purposes.

I/We understand that in the circumstance that scheduled events or the halftime entertainment production is modified or canceled due to inclement weather, unacceptable field conditions as deemed by the stadium manager, Acts of God or any other circumstances beyond the reasonable control of all parties involved, all other contractual obligations shall survive.

I/We understand that Performers are prohibited from using any form of alcohol, illegal drugs, or tobacco. Anyone violating the law will be prosecuted and sent home at their own expense. ESP Productions shall relinquish all responsibility if you are detained by law enforcement authorities.

I/We understand that tour members may not change hotel rooms unless authorized by a senior ESP Productions staff member.

I/We understand that nightly curfews for performers will be strictly enforced even if participants are with a parent or coach. Performers are not to leave their room after curfew. Performers must be on their floor by 10:00 p.m. and in their room by 10:30 p.m.

I/We understand that tour members are not to enter a non-tour member's room or allow a non-tour member to enter their room. Female cast members may not enter a room with males and male cast members may not enter a room with females unless they are immediate family members.

I/We understand that all tour members (performers and spectators) must wear their All American I.D. card and bracelet at all times.

I/We understand that only officially registered tour members may participate in tour activities. (i.e. meals, buses, etc.)

I/We understand that Performers must ride tour buses to all scheduled events. Performers may not take a personal vehicle to any scheduled event, even if they are riding with a parent or group chaperone. In the event a performer wishes to leave the hotel property in a personal vehicle during free time, they must be accompanied by an adult or chaperone over twenty-one years of age. The performer and chaperone are required to check out at the ESP Information Desk. They must check in at the ESP Information Desk upon return to the hotel. This may only occur during free time. Performers are required to be in their rooms by curfew.

I/We understand that Performers must always travel in a group. Never sightsee or leave the hotel alone.

I/We understand that Entertainment Special Productions Inc. has no control of ESPN coverage.

We have read all of the information and understand and agree to all of the tour policies, including payment and event schedules and refund policy for cancellations.

| Signature of Participant | Signature of Parent/Guardian if Participant is under 21 years. |
|--------------------------|--|
| Date: | Date: |

Register Online at ESPshow.com or Detach and Return

Capital One Bowl Halftime Tour Personal Release Of Liability

EVERY tour participant (including performers and spectators) must supply all of the following information. Make copies as necessary.

Please Print Clearly In Blue/Black Ink.

| FIRST NAME | | | | | | | | | | | | | | | | | | |
|--|--|-------|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|
| LAST NAME | | | | | | | | | | | | | | | | | | |
| HOME PHONE | |] - [| | | -[| | | | | | | | | | | | | |
| CELL PHONE | |] - [| | | -[| | | | | | | | | | | | | |
| PHYSICIAN NAME | | | | | | | | | | | | | | | | | | |
| PHYSICIAN DAY PHONE | |] - [| | | -[| | | | | | | | | | | | | |
| PHYSICIAN NIGHT PHONE | |] - [| | | -[| | | | | | | | | | | | | |
| INSURANCE COMPANY | | | | | | | | | | | | | | | | | | |
| POLICY NUMBER | | | | | | | | | | | | | | | | | | |
| GROUP NUMBER | | | | | | | | | | | | | | | | | | |
| CLAIMS PHONE | |] - [| | | -[| | | | | | | | | | | | | |
| IS PARTICIPANT ALLERGIC AND/OR HYPER-SENSITIVE TO ANY MEDICATION?YESNO | | | | | | | | | | | | | | | | | | |
| IF YES, PLEASE LIST: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| ARE THERE ANY OTHER COMMENTS IN REGARD TO ANY MEDICAL TREATMENT(S) DEEMED NECESSARY BY QUALIFIED MEDICAL PERSONNEL AND/OR MEDICAL INSTITUTIONS?YESNO | | | | | | | | | | | | | | | | | | |
| IF YES, PLEASE LIST: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |