



**Top Talent LIVE 2025 Contestant Waiver**

I acknowledge that I have read the rules and regulations and agree to abide by them.

I hereby give my permission to allow my name and photograph, or my child's name and photograph, to be placed in the program for Orange County's Top Talent. I further agree to allow me (or my child) to be photographed and/or videotaped at the filming and/or show and that such photographs, videotape, footage and/or his/her likeness may be broadcast or published in perpetuity by all public media known and in the future including, but not limited to, newspapers, internet, broadcast television or any other social media, if I am selected as a finalist.

I hereby release, discharge and covenant not to sue, and, if despite this release, I, or anyone on my behalf makes a claim against any of the "Released Parties" (as such term is defined below), "I agree to indemnify, defend and hold harmless The School Board of Orange County, Florida, Orange County Public Schools, Orange County's Top Talent sponsors, the Foundation for Orange County Public Schools, Florida, Dr. Phillips Center for the Performing Arts, and their respective officers, agents, employees and representatives and the successors and assigns of each (collectively, "Released Parties") from any and all damages, injuries to persons or property, causes of action, threats of litigation, claims, liability, loss, costs, expenses (including attorney fees) against such Released Parties which may arise in connection with or in any way relating to me, the contestant, entering into and participating in the contest.

**PRINT CLEARLY:**

|  |  |                             |  |
|--|--|-----------------------------|--|
| <b>Name of Act:<br/>(Please print clearly)</b>                                   |  | <b># of members in act:</b> |  |
| <b>*Contestant's Name:<br/>(Please print clearly)</b>                            |  | <b>Best Daytime Phone:</b>  |  |
| <b>Contestant's Signature:</b>   |  | <b>Contestant's Email:</b>  |  |
| <b>Parent's Name:<br/>(If contestant is under 18)<br/>(Please print clearly)</b> |  | <b>Best Daytime Phone:</b>  |  |
| <b>Parent's Signature:</b>   |  | <b>Parent's Email:</b>      |  |
| <b>Date Signed:</b>  |  | <b>OCPS School:</b>         |  |

\*A contestant waiver is required for each member of an "ACT" and should be submitted together.

**Return completed/signed waiver to the Foundation for OCPS via email ([toptalent@ocps.net](mailto:toptalent@ocps.net)) or fax 407-317- 3457 by February 28, 2025 This form and a professional headshot are required to submit with the initial audition. Failure to comply with submissions may result in disqualification.**

If you have questions regarding this waiver, please call the Foundation office at 407-317-3261.