



# 2019 FORMS PACKET

Welcome to Dancing Stars of Humboldt 2019!

We are hoping to answer all your questions about DSH 2019. Please read carefully!

## 1. Paperwork:

Attached you will find a packet of forms that we need you to fill out before arriving at the audition. Any dancer who is a resident of Humboldt County is eligible. Any group of dancers whose members are at least 51% residents of Humboldt County is eligible.

### Audition Form

This tells us about your act. Please fill out one audition form per piece that you are planning to audition. You may audition up to three pieces.

### Contract

This is the contract you will sign if you are selected for the 2019 show. Please sign it now, so we'll have it on file. Signing it now does not mean you have been selected for the show. We will inform you by email if you have been selected. At that point, we will countersign the contract and return it to you.

### Adult Release Form

Every performer age 18 or older must fill out this release form before auditioning and performing for DSH.

### Child Release Form

Every performer age 17 or younger must fill out this release form and have it signed by a parent or guardian before auditioning and performing for DSH.

2. Audition: Please arrive ON TIME for the audition, and please be prepared to WAIT until it is your turn. After you perform, you may leave. We will notify selected acts via email within a few days after the audition. There will be no dressing room facilities available during the audition. You will be waiting in the theatre, where you may watch the other acts. There is no food or drink allowed in the house. If you want to eat or drink, please go to the lobby. Costumes are optional for the audition, although costumes do help the Producers understand what your act will look like for the audience.

4. Music Format: Please have your music as a SINGLE TRACK on a CD. Please do not bring your phone or MP3 player. This will streamline the audition process, and prevent anyone from losing their device. If you do not have the capability to burn your music as a single track onto a CD, please let us know via email, and we will do our best to assist you. If you want your CD returned, please pick it up from the technical director on your way out of the theatre, otherwise, we cannot be responsible for it. However, we suggest that you leave it with us, so that we can use it if you are selected for the show. For technical reasons, we are not accepting live music for this show.

2. Selection Process: DSH is open to all styles of dance. Please keep in mind that the show is family friendly, so please make sure your dance is no racier than PG -13. There are several criteria that the producers must consider before selecting an act for the show: Quality of the act, variety of the different acts selected, audience appeal, practical logistics, and composition of the show as a whole. If you are not selected, this does not necessarily mean that we didn't like your dance. DSH also may come to you and request revisions or adjustments to your dance. Please be open to our requests. We are trying to help you fit into the criteria we require for the show. If we make such a request, please consider it a GOOD thing. If we didn't think you were good for the show, we wouldn't be asking. Finally, selection of acts for the show are solely at the DSH Producer's discretion.

3. Communications: Your official communications with DSH will be mostly via email. During the pre-audition, and pre-show weeks, please do check your email often, or you may miss important information.

5. Promotional Materials: Please make sure that you get us HIGH QUALITY, 300 DPI RESOLUTION (minimum of 150 dpi) photos, preferably action shots, rather than posed shots. The better your photos, the more they will be used in our promotional materials. Your photos do not necessarily have to reflect exactly what your Act will be doing in the show. It just has to be a reasonable representation of the Act itself. Remember, the sooner we have your stuff, the sooner we can get the word out!

If you are selected for the 2019 show, we will notify you by email. If you would like us to create a personalized poster for your group or studio, please let us know at that time. We will create the artwork and email you a printable PDF so you can get the word out about your group or studio. Feel free to paper the town with your personalized poster!

6. Sponsorships: If you, your group, your studio, or anyone you know would like to be a DSH sponsor, please let us know ASAP. We will be offering program ads, lobby ads, and web ads, and we have room for two sponsors on the Arkley Center marquee. This is a golden opportunity to promote your group, your studio, or your business. Get in touch with us about this ASAP!

7. Issues: We want you to be happy. If you have a problem or an issue with us, please let us know right away. We will do everything we can to help you. However, we hope you will understand that the whole purpose of DSH is to create a PROFESSIONAL style showcase, and sometimes that means that not everybody gets everything they want. Even so, the DSH producers will do everything they can, without compromising the integrity of the show, to accommodate your requests.

8. Education: We want everyone to get the most out of their DSH experience! We are working on presenting some informational seminars that may help you navigate our process, and your dancing career as a whole. Please watch your email for more information. These seminars will charge a nominal fee just to cover the costs of the facility. If you wish to attend a seminar, and the nominal fee is a barrier for you, please let us know, and we will do our best to accommodate you.

9: Important Dates:

February 2nd, 2pm AUDITIONS

February 8th (approx) SELECTIONS ANNOUNCED

February 25th LATEST POSSIBLE TO DELIVER DATE MUSIC, BIOS AND PHOTOS

March 9th 3pm DRESS REHEARSAL

March 9th 6pm CALL TIME FOR 7PM SHOW

10: Ticketing: Please read your contract carefully for ticketing information.

11. Honorarium: Each act (not each dancer!) will receive a small cash honorarium for performing in the show. It is up to the leader of each group to decided how that honorarium is handled.

12. Success of the show: It's up to YOU! Please help us get the word out both for auditions, and for the show itself.

Thanks for reading this far! Please email us with any questions you may have. We will try to add all questions and answers to the FAQ at Dancing Stars of Humboldt.

We are very excited about DSH 2018, and very much look forward to seeing you dance!

Rima Greer & Melissa Hinz, Producers  
Dancing Stars of Humboldt  
dancingstarsofhumboldt@gmail.com  
888-418-8346



## AUDITION FORM 2019

TITLE OF YOUR DANCE:

DANCE STYLE:

CONTACT INFO FOR YOUR GROUP:

NAME:

PHONE:

EMAIL:

MAILING ADDRESS:

NAME OF YOUR DANCE GROUP (IF ANY):

NAMES OF ADULT DANCERS IN YOUR GROUP:

NAMES OF MINOR DANCERS IN YOUR GROUP:

TITLE OF YOUR MUSIC:

PLEASE ATTACH BIOGRAPHIES:

IF YOU HAVE THREE OR LESS DANCERS, PLEASE ATTACH BIOS FOR EACH DANCER.  
IF YOU HAVE MORE THAN THREE DANCERS, PLEASE ATTACH A BIO FOR YOUR GROUP

PLEASE ATTACH PHOTOS:

WE NEED AT LEAST ONE GREAT PHOTO OF YOUR DANCERS. 150 MINIMUM DPI PLEASE.

I/We understand that the general public may be allowed to attend these auditions, and the Dancing Stars of Humboldt and its collaborators are not obligated to place me or my group in the show. My signature below is also a photo/video release, however my name, likeness, and performance will not be used for commercial purposes without my written permission.

\_\_\_\_\_ Date: \_\_\_\_\_ Signature  
Please return to [dancingstarsofhumboldt@gmail.com](mailto:dancingstarsofhumboldt@gmail.com)

## DSH CONTRACT

This is the agreement between \_\_\_\_\_ (Act) and Dancing Stars of Humboldt (a division of Above the Line Agency, Inc.) with regard to the performance to be held on March 9th, 2019. Act means the collective of all artists who will appear on stage in their performance piece. Performer means each person who appears in the Act.

Returning this signed agreement to DSH does not obligate DSH to select the Act for the show. DSH will inform the Act via email if the Act is selected. Signature on this document before the Act has been selected is solely for the purpose of expediting the paperwork process.

Should DSH inform the Act that it is selected for the show:

Act agrees that they will, to the best of their ability, make themselves available to attend the tech rehearsal and performance on March 9th, 2019 at the Arkley Center for the Performing Arts. DSH will inform Performer via email of their call time at least 48 hours prior.

Act agrees to arrive on time and comply with DSH's directions with regard to running order, lighting, entrances and exits, bows, and other stage direction within reason.

Act will supply an audio file of their music no later than February 25th via email to [dancingstarsofhumboldt@gmail.com](mailto:dancingstarsofhumboldt@gmail.com) Audio file must be in MP3 or MP4 format.

Act will be accorded a shared dressing room space to be made available to them during tech rehearsal and performance.

Act will supply their own costumes and makeup.

Act shall, upon request, but in no event later than 3 days after notification that the Act has been selected, provide to DSH the following promotional materials:

Act Bio(s)

High resolution (300dpi or more) photographs

High resolution video

DSH reserves the right to edit such materials, and Act grants to DSH the right to use such materials at their discretion in connection with the March 9th Performance.

In consideration of this agreement, and out of respect for the Act's artistry, DSH shall pay to Act no later than 3 weeks after the performance a small cash honorarium. The honoraria are per ACT not per person, and each ACT will receive the same amount.

DSH expects each person in your Act to behave in a professional, responsible manner.

Performers must arrive on time, execute their piece as requested by DSH, extend their professional behavior to backstage areas, and leave their dressing room area as they found it when they arrived.

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DSH CONTRACT CONT'D

Each performer in the Act shall execute the appropriate Adult Release or Child Release (attached) below.

Tickets to the show will be general seating. The Act is entitled to TWO complimentary tickets to the show on March 9th, 2019 at 7pm.

Furthermore, each Performer may request tickets that they can sell within the community. If DSH furnishes such tickets, Performer is responsible for delivering to DSH no later than March 8th at 12pm the cash value of the tickets, or return unsold tickets. For each 10 tickets that Performer returns the cash value to DSH, Performer will receive 1 additional complimentary ticket.

This is the entire agreement between the parties, and cannot be changed except in writing by both parties. Any disagreement between the parties will be taken to professional arbitration. ACT, Performers, their families, and designees, and DSH, Above the Line, its employees, families, and designees collectively and individually waive their right to legal action. Each Performer in the Act will be required to sign the attached waiver before they can perform.

DSH is producing this show in a spirit of collaboration and good will. If you have any issues, please approach the partners, Rima or Melissa, and we will do everything we can to assist you with your problem.

Communications:

For DSH:  
Rima Greer  
412 2nd Street  
Eureka, CA 95501  
[dancingstarsofhumboldt@gmail.com](mailto:dancingstarsofhumboldt@gmail.com)

For ACT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

/continued

Signature page for DSH 2019:

ACCEPTED AND AGREED:

\_\_\_\_\_  
For Dancing Stars of Humboldt

\_\_\_\_\_  
Date

\_\_\_\_\_  
for ACT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian of Minor Performer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Parent or Guardian of Minor Performer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Parent or Guardian of Minor Performer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Parent or Guardian of Minor Performer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Parent or Guardian of Minor Performer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Name

ADULT RELEASE

Name: \_\_\_\_\_

Agreement and Release from Liability By Dance Participant

Voluntary Participation

I, \_\_\_\_\_ (name of dance participant who is at least 18 yrs of age), acknowledge that I have voluntarily applied to engage in dance and dance-related activities at the premises of the Arkley Center for the Performing Arts, 412 G Street, Eureka, CA 95501

Assumption of Risk

I AM AWARE THAT DANCE AND DANCE-RELATED ACTIVITIES ARE A HAZARDOUS ACTIVITY. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, FROM ANY CAUSE OR SOURCE WHATSOEVER AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_

Release

As consideration for myself being permitted by Dancing Stars of Humboldt or one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree that I, will not make a claim against, sue, or attach the property of Dancing Stars of Humboldt, The Arkley Center for the Performing Arts, or any of their affiliated organizations (or the supplier of any of the equipment used in these activities) for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, director, officer or contractor of Dancing Stars of Humboldt, The Arkley Center for the Performing Arts, or any of their affiliated organizations as a result of my participation in dance and dance-related activities.

I hereby agree to hold harmless Dancing Stars of Humboldt, The Arkley Center for the Performing Arts, or any of their agents from any and all claims arising out of my participation in any activities whatsoever. I waive any potential claims against Dancing Stars of Humboldt, The Arkley Center for the Performing Arts, or any of their contractors, employees and agents.

**AUTHORIZATION**

I, \_\_\_\_\_, am a dance participant of at least 18 yrs of age, who was born on \_\_\_\_\_. I hereby authorize Dancing Stars of Humboldt, to contact the following in case of emergency:

*Emergency Contact*

Name: \_\_\_\_\_ Phone  
number: \_\_\_\_\_ Address, City, State,  
Zip: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

ADULT RELEASE CONT'D

*Dance Participant*

*Dance Participant Contact Information*

*\* Please no abbreviations (with the exception for state)! Please list everything in full.*

Address, City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Knowing and Voluntary Execution

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND DANCING STARS OF HUMBOLDT AND/OR ITS AFFILIATED ORGANIZATIONS AND SIGN OF MY OWN FREE WILL.

Executed at \_\_\_\_\_ in \_\_\_\_\_, California on \_\_\_\_\_.

*Location City Date*

All parents and/or legal representatives are to sign:

*Signature of Dance Participant, age 18yrs or older*

Declaration of Witness

I certify that \_\_\_\_\_ (dance participant) acknowledged in my presence that he / she had read and fully understood the meaning and consequences of the foregoing release, and signed it in my presence.

*Witness Signature*



CHILD RELEASE

Name of Child: \_\_\_\_\_

Agreement and Release from Liability Class: \_\_\_\_\_ By Parent or Legal Representative

Voluntary Participation

I, \_\_\_\_\_ (name of parent or legal representative), acknowledge that my daughter, son and/or child for whom I have legal custody has voluntarily applied to engage in dance and dance-related activities at the premises of the Arkley Center for the Performing Arts studio located at 412 G Street, Eureka, California.

Assumption of Risk

I AM AWARE THAT DANCE AND DANCE-RELATED ACTIVITIES ARE A HAZARDOUS ACTIVITY. MY SON, DAUGHTER, AND/OR CHILD FOR WHOM I HAVE LEGAL CUSTODY IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE, BOTH HIS/HERS AND MINE, OF THE DANGER INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, FROM ANY CAUSE OR SOURCE WHATSOEVER AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_

Release

As consideration for my daughter, son or child for whom I have legal custody being permitted by Dancing Stars of Humboldt and/or the Arkley Center for the Performing Arts or one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree that I, my child, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Dancing Stars of Humboldt and/or the Arkley Center for the Performing Arts or any of their affiliated organizations (or the supplier of any of the equipment used in these activities) for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, director, officer or contractor of Dancing Stars of Humboldt and/or the Arkley Center for the Performing Arts or any of their affiliated organizations as a result of my participation in dance and dance-related activities.

I hereby agree to hold harmless Dancing Stars of Humboldt and the Arkley Center for the Performing Arts and their agents from any and all claims arising out of my child's participation in any activities whatsoever. I, and my child, waive any potential claims against Dancing Stars of Humboldt and the Arkley Center for the Performing Arts, their contractors, employees and agents.

**AUTHORIZATION**

I, \_\_\_\_\_, am a parent having legal custody of \_\_\_\_\_, who was born on \_\_\_\_\_.

I hereby authorize the Dancing Stars of Humboldt, into whose care the minor has been entrusted, to consent to emergency medical and/or dental treatment for \_\_\_\_\_ (minor's name) under Section 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any medical and/or dental treatment to be rendered to or for

CHILD RELEASE CONT'D

\_\_\_\_\_ (minor's name) under the general or special supervision of a qualified physician, surgeon or dentist.

[Optional]

I further authorize Dancing Stars of Humboldt to receive physical custody of \_\_\_\_\_ (minor's name) under Section 1283(a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of \_\_\_\_\_ (minor's name) to Dancing Stars of Humboldt

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information

\* Please no abbreviations (with the exception for state)! Please list everything in full.

Address, City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Knowing and Voluntary Execution

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND DANCING STARS OF HUMBOLDT AND/OR ITS AFFILIATED ORGANIZATIONS AND SIGN OF MY OWN FREE WILL.

Executed at \_\_\_\_\_ in \_\_\_\_\_, California on \_\_\_\_\_.

Location City Date

All parents and/or legal representatives are to sign:

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Signature of minor, dance participant

Declaration of Witness

I certify that \_\_\_\_\_ (parent and/or legal representative) acknowledged in my presence that he / she had read and fully understood the meaning and consequences of the foregoing release, and signed it in my presence.

Witness Signature

# Photo Release for Children Under 18 Years of Age

I understand that Dancing Stars of Humboldt may photograph or videotape my dependent in classroom settings and/or during performances or rehearsals. Further, I understand that Dancing Stars of Humboldt may wish to use photographs or video of my dependent for publicity purposes.

I hereby grant to Dancing Stars of Humboldt the right to use photographs of my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing.

Name of child:

Signature of  
Parent or Guardian:

\_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

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

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

I do not wish for Dancing Stars of Humboldt to use photographs or video of my child for publicity purposes.