

NO JIVE®

PRODUCTIONS, INC.

TALENT APPLICATION

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Date of Birth (mm/dd/yy): ___/___/___
Current Address: _____ Apt#: _____
City/State/Zip: _____ Home phone: (____) _____ - _____
Cell: (____) _____ - _____ IG: _____ Facebook: _____
Email: _____ Website: _____

TALENT INFORMATION

Male ___ Female ___ Age Range: From ___ To ___

Height: _____ Waist: _____ Eyes: _____
Hair: _____ Inseam: _____ Suit: _____
Shoe: _____ Shirt: _____ Bust/Cup: _____
Dress: _____ Hips: _____

Note: Applicants who are currently 17 years old or younger must have a parent or legal guardian fill out the information and sign below. I, as parent/legal guardian of the performer, agree to the terms and conditions set forth by No Jive Productions, Inc. I sign this document to signify my agreement, and I agree to indemnify and hold harmless the Licensees with respect to any claims which the minor may make as a result of the exercise by the License and/or Sub-licenses of their rights here-under.

Even though you've completed the application process this does not mean that you are guaranteed a part in the show. As a result of you completing the application form, No Jive Productions, Inc. will keep your application on file for one year from the date it was completed and received. No Jive Productions, Inc. is a non-profit production company NOT a talent agent and nor does it claim to be one.

I understand that, No Jive Productions, Inc may at times utilize my name, image, likeness, videos and/or photographs for press releases and in promotional marketing and or for any media outlets. No Jive Productions, Inc may also request my appearance in the production of videos, film, or other media, which will be expressly used for educational, marketing or promotional purposes.

I hereby provide No Jive Productions, Inc with permission to utilize my name, likeness, voice, photograph, or appearance in press releases, printed materials, or videos described above. I understand this release and agree **not** to request compensation in such cases.

Name of Parent/Guardian: _____
(Print)

Name of Parent/Guardian: _____ Date: ___/___/___
(Sign)

Name of Applicant: _____
(Print) (Sign)