

Friends of Riding Mountain National Park Busker's Application

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY (Filled out by all buskers, returning and new)

Group/ Act _____ No. of Members _____

Contact Name _____

Address _____

Postal Code _____ Contact Phone #_(_____)_____

E-Mail _____

Please check the category that best applies to your act:

Vocal Instrumental Vocal/Instrumental Variety Artist Other_____

Performance Language: English French Other_____

What is your act? (What instrument do you play? What do you draw? What do you juggle?)
Please describe 40 words or less.

Do you have any product / merchandise that you would like to sell at the Friends of RMNP Learning Centre location?

No Yes DVD CD Other_____

A safety plan must be submitted with each application that poses a potential risk to the performer, public or Riding Mountain National Park (attached additional pages if necessary).

LIABILITY AND INSURANCE

Friends of Riding Mountain National Park (FRMNP), Riding Mountain National Park (RMNP) and the Park’s Canada Agency (PCA) shall not be responsible for any damage to or loss of any equipment or property of the Busker(s). The Busker(s) agrees to assume all risks, and to release, indemnify, and save harmless FRMNP, RMNP and PCA, its affiliated organizations, and its employees and representatives, from any injury, loss or damage that may arise from the User operations outlined above, to the Usee or Others of the Public, who may otherwise be covered by insurance.

I confirm that I have read and understand all the above Terms and Conditions and hereby agree to be bound by them.

Print Name: _____ **Date:** _____

Signature of Busker or Guardian (if Busker is under 18): _____

Release of Publicity and Privacy Rights

I, _____, agree to the use of my likeness, or a representation of my likeness (such as sketches or photographic adaptations), in materials developed by or on behalf of FRMNP, RMNP and PCA, or licensed by of FRMNP, RMNP and PCA, including posters, photographs, videos, films and multi-media products. I release FRMNP, RMNP and PCA and their licensees from all liability for any claim of infringement of publicity or privacy rights that I might otherwise have had in connection with the use of my likeness, or a representation of my likeness.

I also agree that my likeness or representations of my likeness may be exhibited, shown or reproduced in any media, whether in Canada or elsewhere.

Printed Name

Witness

Signature of Busker

Signature of Parent/Guardian
(if Busker is under 18).

Date

Applications can be:

- dropped off at the Friends of RMNP Learning Centre (154 Columbine Street, Wasagaming)
- emailed to friends.rmnp@mymts.net or
- mailed to: Friends of RMNP Box 226 Onanole, Manitoba R0J 1N0