



Registration and Consent Form 2018

It is with great pleasure that we would like to confirm your participation in the NZ Body Art Showcase in the following themed section:

Your Themed Section

To confirm your registration please complete this form and post/email to the address below. All information requested must be provided in order to finalise your position in the Body Art Showcase. Not completing all the required information could delay your registration and jeopardise your participation.

NOTE: All artists work will be showcased at the judging show however only 12 artists in each themed section will progress to the evening show. Artists will be advised immediately after the dress rehearsal if their work is progressing through to the evening show.

Yes, I would like to accept this offer to participate in New Zealand Body Art Showcase to be held on **at Q Theatre 305 Queen Street, Auckland on 1 September 2018**

Role	Name	Signature
Artist		
Assistant		
Model		

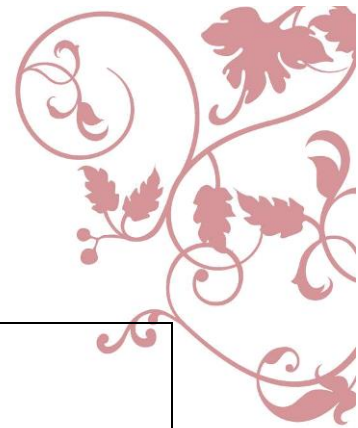
Name of Your Art Work	
------------------------------	--

Category	Tick box(s)
Novice – less than 1 years experience and never competed before	
Emerging - under 2years experience	
Professional – have been paid for their work or won awards	
Youth - Under 21yrs	

In consideration of my being permitted to participate in the NZ Body Art Showcase, I the undersigned, hereby irrevocably agree to the following terms and conditions:



1. I confirm that **I am 18 years or older** and that I have the authority to grant the rights given you by this consent form.
or
I confirm that **I am 18 years and under** and that I have the consent of my parent / guardian to participate in the Body art Showcase upon the terms and conditions set out herein as witnessed by that parent / guardian's signature as provided for below.
[Delete whichever one is not applicable]
2. I agree to make myself available for the rehearsal on Saturday afternoon and the event itself at Q Theatre 305 Queen Street, Auckland on 1 September 2018.
3. I accept that you will own all copyright and other rights in and to any footage filmed or videotaped or photographs taken of me and my team during the Event rehearsals, the Event and the Post Event functions and that you may use such footage / photographs or part thereof throughout the world in perpetuity in any and all formats and media existing or to be devised and in any associated promotional material.
4. I accept that where I provide you with a photograph for the purposes of the Awards or otherwise in relation to the Event that you may use such photograph or part thereof throughout the world in perpetuity in any and all formats and media existing or to be devised and in any associated promotional material.
5. I accept that you may edit such footage and/or photographs as you see fit and I accept that I shall have no right, claim or interest in the proceeds of the use of the footage and/or photographs by you.
6. I accept that you are not obliged to make use of the footage and/or photographs or exercise any of the rights granted to you by this consent. I accept that I have no right to restrain in any way or prevent any use of the footage and/or photographs by you.
7. I accept that you have the right to assign the rights given you by this consent form to a legal entity formed for the purposes of continuing to promote and stage further events based on the Event.
8. I accept that you have the right to postpone or cancel the Event. I understand that in such case you will notify me as soon as practicably possible.
9. I accept that all decisions of the judges of the Event awards are final and cannot be challenged.
10. I accept and understand the "Info for Participants" form provided with this document.
11. My signature and those of my team below confirms that I/we have read and understood the meaning of this Registration and Consent form



Artist Full Name:

Artist Signature:

Or

**Parent / Guardian if required:
Signature:**

Artist Address:

Artist Nationality/Iwi

Artist Email Address:

Phone:

Mobile:

In Case of Emergency: Contact Person:

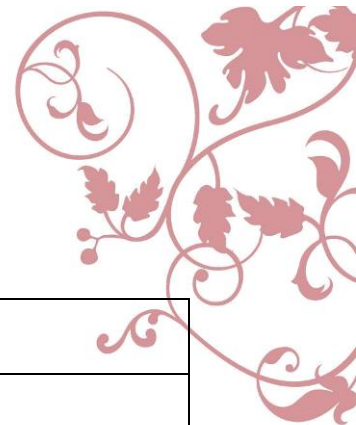
Phone No:

Age: (if 21 or under)

Date:

Witness Name:

Witness Signature:



Models Full Name:	
Models Signature:	
Parent / Guardian if required: Signature:	
Models Address:	
Models Email Address:	
Phone:	Mobile:
In Case of Emergency:	
Contact Name:	Phone No:
Age: (if 21 or under)	
Witness:	
Signature:	

NOTE: If you have more than one model please photocopy this page

Assistant's Name:	
Assistant's Signature:	
or Parent / Guardian Name if required: Signature:	
Assistant's Address:	
Assistant's Email Address:	
Phone:	Mobile:
In Case of Emergency:	
Contact Name:	Phone No:
Age: (if 21 or under)	
Date:	
Witness:	
Signature:	