



GROUP APPLICATION FORM

GROUP NAME: _____

NUMBER OF MEMBERS: _____

***Please fill-out the details below per member of the group.**

PERSONAL BACKGROUND				HALF BODY PHOTO
1. Full Name:				
2. Home Address:				
2. Age:	Civil Status:	Citizenship:	Religion:	
3. Other talent(s):				
4. Have you participated in any talent contests before? If yes, please indicate year and name of event.				
5. Contact Details:	Email:	Mobile:	Office #:	
EMPLOYMENT BACKGROUND				
1. Company Name:				
2. Company Address:				
3. Years of service in the company:				
4. Designation (type of job) in the company:				
5. Contact person in the company (who should SEIPI get in touch with)?	Name	Email and Phone Number	Designation/Department	
AUDITION				
Will you bring any props? If yes, kindly indicate in the space provided.				
CONSENT				
By signing and submitting this form, the applicant, endorsed by his/her company's HR department agree to abide by the guidelines of SEIPI in staging the event, "SEIPI's You Can Dance".				
_____ Name and Signature of Applicant		_____ Name and Signature of the Company's HR Representative		

For inquiries please get in touch with SEIPI's Ms. Rochelle Ramos (rochelle.amos@seipi.org.ph | (+632) 236-5555 to 58 loc 609)

LIABILITY RELEASE FORM

I understand that there are risks of associated physical injury, arising out of and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to SEIPI, its management, employees, and all affiliated entities.

I hereby agree to release SEIPI and hold SEIPI harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in the dance competition, SEIPI's You Can Dance.

I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

I further release SEIPI of all liabilities associated with my participation in the SEIPI's You Can Dance competition.

Participant's Name and Signature

Date