

Move Over, "America's Got Talent" for...

LOUDON'S Got TALENT

The Loudon Recreation Committee
is pleased to present..

"A TALENT SHOW OF ALL AGES

August 18, 2010

7:00 p.m.

Loudon Recreation Field

Do you *SING, DANCE, JUGGLE*, do *MAGIC TRICKS, PLAY AN INSTRUMENT, TELL JOKES*, or have *ANY* talent you want to perform for your community??!!?

Prizes will be awarded at the end of the evening.

Come out and cast your vote for Loudon's Most Talented.

Rules and Conditions:

- Must provide own equipment.
- Length can not exceed ten minutes.
- Content must be clean for family audience rated PG.
- Must sign a release form (on back) provided by Loudon Recreation.

Call Loudon Recreation Committee member,

Christine Campbell at 783-9838

Please reserve your time slot no later than July 31

Send registration forms to

Christine Campbell, 31 Drake Circle, Loudon, NH 03307

Loudon's Got Talent 2010

Release Information



Participant's Name: _____

Address: _____

Email Address: _____

Telephone number: _____

Describe your talent: _____

Emergency Contact: _____

This talent contest is for those interested in participating in accordance with the rules. We reserve the right to remove a contestant for disruption of the program or violation of rules.

I hereby give permission for the above named child to participate in the Loudon Recreation Committee Loudon's Got Talent Night at Loudon Recreation Field. As a parent, guardian, or participant, I am aware of any risks incidental to participation and my ability to participate. In consideration for participation in the program listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Loudon Recreation Committee, Town of Loudon, and any officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses arising out of or in connection with participation in the activity. In addition, I give my permission for the child to be treated by trained emergency medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided.

Parent/guardian signature: _____ date: _____