Number	



Age Verification (ID) Photo	
Release Signed	
For Internal Use	

EquíTrust 2023 Entertainer Audition Application/Waiver

Full Na	ıme:		Age: D	ate of Birth:		
Cell Nu	ımber:	E	mail:			
Level c	of Dance?	Beginner	Intermediate	Advance		
Emerg	ency Contact Infor	nation:				
Name:						
Relatio	nship:					
Phone	Number:					
Please	carefully read the	following:				
	•	•	knowledge that I am aware	of and understand the following:		
				f the dangers involved in athletic		
	and related activitie	s, including but not limited to in	njury and death.			
2.	Voluntarily consent	to the participation of (dancer'	's name),	, in the Dance Team		
	Audition and, upon	hiring, participation during the	2023 season.			
3.	Certify that I am found to be in good health and able to participate in all activities without restriction.					
4.	4. Authorize representatives or agents of the LA Sparks to obtain or consent to necessary treatment of					
	care in the event of a medical emergency or trauma occurring to me.					
5.	videotapes, recordi participation on the	LA Sparks Dance Team witho	nages in whatever form or nout compensation and for an	rise use photographs, films, nedia of in connection with my n indefinite period of time, with the ership for the right to use media		
6.	·					
	Crypto.com Arena and other performance venues.					
7.	Agree to abide by the guidelines and policies spelled out in the contract.					
8.						
		month andday				
				Audition Requirements:17+ for (Sparks Crew) 40+ (OSC)		

Valid ID

Completed Application Recent photo (non-returnable)