



Duluth
Capture the Spirit
of Good Living

DULUTH BUSKERS PERFORMANCE APPLICATION

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Organization or Band/Artist Name: _____

Has a previous application ever been revoked: _____ If so, Why? _____

PERFORMANCE INFORMATION

Type of performance/genre: _____

Date(s) you would like to perform: _____ Times: _____

Instruments used (if any): _____

Number of proposed performers: _____

General content of performance: _____

Are you 18 years of age or older? _____ If not, please state your age: _____

If you are 15 years or younger, you parent/guardian must complete the application and forms and must be present at the performance.

Describe the type of setup you will have: _____

Will you be selling merchandise? _____ If yes, please describe: _____

INDEMNIFICATION

I understand and voluntarily accept any risk of injury or damage that may occur as a result of my participation in the Busking Program.

*The undersigned agrees to indemnify and hold harmless the City of Duluth, its officers, agents, and employees, from any liability for injury, loss, or damage or any other loss of any kind whatsoever, which may arise out of or resulting from their actions or omissions in connection with their use of the City of Duluth property that may occur as a result of their participation. The undersigned fully accepts all responsibility for cleanup and for repair of any damage to the busking area and surrounding areas, which may occur during their use. **Consent and release for story, likeliness, and voice:** I give permission to the City of Duluth to use (but not limited to taking of photographs and making audio recordings or videos), without charge and without reservation, all or a portion of my story including my likeliness and my voice in promoting the City of Duluth. I acknowledge that editorial changes may be made as deemed suitable by the City. Whether or not changes are made, I waive any rights of action I may have and release the City from any and all claims I may have arising from the use, publication, changes in the content, including rights to sue for defamation or violation of rights of privacy or rights of publicity.*

Signature

Date

Please complete and return by email or mail:

**City Hall
Attn: Madison Chucci
3167 Main Street
Duluth, Ga 30096**

**Contact:
Madison Chucci
mchucci@duluthga.net**