

APP #: \_\_\_\_\_

TAPE #: \_\_\_\_\_

CITY: \_\_\_\_\_

# “THREE WISHES”

## CASTING DEPARTMENT – PARTICIPANT APPLICATION FORM

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ 2<sup>nd</sup> PHONE: (\_\_\_\_) \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

GENDER (CIRCLE):    M        F        DO YOU HAVE ANY KIDS? (CIRCLE ONE):    YES    NO

IF YOU CIRCLED “YES”, PLEASE GIVE US THEIR NAMES AND AGES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MY WISH IS FOR:     MYSELF     SOMEONE ELSE     MY COMMUNITY

PLEASE GIVE US CONTACT INFO FOR THE WISH (IF NOT FOR YOURSELF):

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ 2<sup>nd</sup> PHONE: (\_\_\_\_) \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

IF YOU HAD ONE WISH FOR YOURSELF WHAT WOULD IT BE? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU HAD ONE WISH YOU COULD GRANT FOR SOMEONE ELSE WHAT WOULD IT BE? : \_\_\_\_\_

APP #: \_\_\_\_\_

TAPE #: \_\_\_\_\_

CITY: \_\_\_\_\_

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HOW WOULD SOMEONE DESCRIBE YOUR BEST/WORST QUALITIES?

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IF YOU COULD CHANGE THREE THINGS ABOUT YOUR LIFE WHAT WOULD THEY BE?

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WHAT MAKES YOU EMOTIONAL?

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WHO IS YOUR HERO?



APP #: \_\_\_\_\_

TAPE #: \_\_\_\_\_

CITY: \_\_\_\_\_

# “THREE WISHES”

## VOLUNTARY PARTICIPATION AGREEMENT

I, \_\_\_\_\_, desire to voluntarily participate in interviews and auditions (the “Activity”) for the currently untitled NBC television program being produced by June Road Productions, Inc.” (the “Program”). In connection with my participation in the Activity, I acknowledge, represent, warrant and agree as follows:

- (1) I am 18 years of age or older.
- (2) I represent and warrant that I am in good health and that I have no medical, physical or emotional condition that might interfere with my ability to engage in the Activity.
- (3) I represent and warrant that I am not under the influence of any medication, drugs, or other substance that might impair my physical or mental ability to engage in the Activity or that might impair my judgment while engaging in the Activity.
- (4) I will follow all rules made and directions given by June Road Productions, Inc. and NBC Universal, Inc. and each of their respective agents, representatives and employees (collectively, “Producers”) in connection with the Activity.
- (5) Producers have no obligation to me whatsoever. Without in any way limiting the foregoing, I acknowledge and agree that Producers are under no obligation to select me to participate in the Activity or to include the Activity or my participation in the Activity in the Program. I understand that I will not be paid any money or given any other consideration for giving Producers the rights listed in this Agreement or for signing this Agreement.
- (6) MY PARTICIPATION IN THE ACTIVITY IS AT MY OWN RISK. I RELEASE PRODUCERS, EACH OF THEIR RESPECTIVE PARENT, SUBSIDIARY AND AFFILIATED COMPANIES, LICENSEES, SUCCESSORS, AND ASSIGNS, AND EACH OF THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES AND EMPLOYEES, AND ALL OTHERS CONNECTED WITH THE PROGRAM, FROM ANY AND ALL CLAIMS, ACTIONS, DAMAGES, LIABILITIES, LOSSES, COSTS AND EXPENSES, IN ANY WAY ARISING OUT OF OR RESULTING FROM MY PARTICIPATION IN THE ACTIVITY, INCLUDING, WITHOUT LIMITATION, ANY AND ALL CLAIMS, ACTIONS, AND LIABILITIES FOR INJURY, LOSS OR DAMAGE TO ME, TO ANYONE ELSE OR TO ANY PROPERTY, REGARDLESS OF WHETHER OR NOT SUCH INJURY, LOSS OR DAMAGE WAS CAUSED BY THE NEGLIGENCE OR WILLFUL MISCONDUCT OF THE PRODUCERS OR ANY OF THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES OR EMPLOYEES, OR ANYONE ELSE CONNECTED WITH THE PROGRAM. I AGREE TO DEFEND AND INDEMNIFY PRODUCERS, EACH OF THEIR RESPECTIVE PARENT, SUBSIDIARY AND AFFILIATED COMPANIES, LICENSEES, SUCCESSORS, AND ASSIGNS, AND EACH OF THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES AND EMPLOYEES, AND ALL OTHERS CONNECTED WITH THE PROGRAM, AND HOLD THEM HARMLESS FROM ANY AND ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, EXPENSES AND LOSSES (INCLUDING, WITHOUT LIMITATION, ATTORNEYS’ FEES) OF ANY KIND OR NATURE WHATSOEVER IN ANY WAY CAUSED BY OR ARISING OUT OF MY PARTICIPATION IN THE ACTIVITY.
- (7) I understand that it is a federal offense, unless disclosed to Producers prior to broadcast, if any, to:
  - (a) Give or agree to give any member of the production staff and anyone associated in any manner with the Program, or any representative of Producers any portion of my compensation or anything else of value to arrange my appearance on the Program.
  - (b) Accept or agree to accept anything of value to promote any product, service or venture on the Program, or use any prepared material containing such a promotion where I know the writer received consideration for it.
- (8) I understand and agree that any material I provide to Producers (including, without limitation, photographs, etc.) and that the Producers create during the Activity shall remain the sole property of Producers. I further understand and agree that even if I am not selected for any further consideration as a contestant on the Program, Producers shall nevertheless have the right to use my name, voice, likeness, appearance, biographical information, any information or material provided by me to Producers, and any motion or still pictures or recordings Producers take of me, in any and all media now known or hereafter devised, worldwide in perpetuity, and I hereby release Producer from any and all claims, actions, damages, liabilities, losses, costs and expenses arising out of or resulting from Producers exercise of its rights under this paragraph. I understand this Agreement is irrevocable. Accordingly, I hereby irrevocably waive any right to seek an injunction or other equitable relief or to otherwise prevent the full exploitation of all rights granted in this Agreement.

Dated: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)