



High School Event Form

<u>Name of School:</u>		
<u>Address:</u>		
<u>City:</u>	<u>Zip:</u>	<u>School's Number:</u>
<u>Contact Name:</u>		<u>Contact Number:</u>
<u>Alt Contact Name:</u>		<u>Alt Contact Number:</u>
<u>Advisor's Name:</u>		<u>Advisor's Number:</u>
<u>Event Name:</u>		<u>Event Time:</u> _____ <u>Date:</u> _____
<p>101.5 JamZ requires 45 minutes to set up. Filling out this form does not guarantee that 101.5 JamZ is booked for your school, please wait for a call to confirm.</p> <p>Please fax completed form containing all required signatures to (602) 440-6530 Attn: Jamz Promotions. We will look at our calendar and get back to you as soon as possible. Please contact JamZ promotions with any further questions at (602) 452-1023.</p> <p style="text-align: center;"><u>Liability Release:</u></p> <p>I, <small>[INSERT NAME OF ADVISOR]</small> _____ on behalf of, <small>[INSERT NAME OF HIGH SCHOOL]</small>, _____ hereby release CBS Radio Stations Inc., Radio Station KZON/101.5 JamZ, its licensee, their parent, subsidiary, and affiliated entities and each of their respective officers, directors, shareholders, employees and agents from any and all claims, demands, causes of action, losses, expenses, costs, and liabilities of any nature whatsoever which we may hereafter have against any of them arising out of or in connection with the event taking place on <small>[INSERT DATE]</small> _____</p> <p style="text-align: center;">at <small>[INSERT NAME OF HIGH SCHOOL]</small> _____</p>		
_____ Advisor's Signature	_____ Advisor's Printed Name	_____ Date