

TALENT PERFORMANCE AGREEMENT

Return this form to the Office of Student Engagement (lower level Stockdale) one week prior to your event. Your event will not be approved until this form has been submitted to the Office of Student Engagement.

Office of Student Engagement
 700 East Broadway
 Monmouth, IL 61462
 Telephone: 309-457-2268

The College recognizes the ability of a student organization to implement programs and events which encourage the participation and inclusion of the student body. Such events often highlight the best attributes of a Monmouth College Fighting Scot by allowing a student to showcase a particular talent or skill.

The Office of Student Engagement has a vested interest to ensure the safety and well-being of all participants, as well as members of the audience and campus community. Therefore, open microphone, talent, or individual acts must be appropriate. Foul, offensive, lewd or degrading comments and/or activities will not be tolerated. Obscene gestures or references glorifying alcohol abuse, public intoxication, drug abuse, or sexual assault are not acceptable.

Student Organizations seeking to host an event where an open microphone, talent, or individual act component is included must view and approve the performance in advance with additional approval required by either the student organization advisor, or a representative from the Division of Student Life.

The performer(s) will be in violation of this agreement if their pre-approved act is altered in a way which is deemed inappropriate by the judges of the event, the student organization hosting the event, or a college official in attendance. In the event this occurs, the performance will be ended immediately with the performer(s) being automatically disqualified. Disciplinary action may result for both the performer(s) and the student organization(s) sponsoring the event.

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| <i>Student Organization Sponsoring Event</i> | <i>Student Participant Name</i> |
| <i>Contact Person</i> | <i>Student Participant Phone Number</i> |
| <i>Contact Phone Number</i> | <i>Student Participant Email</i> |
| <i>Email</i> | |
| <i>Date(s) of Event</i> | <i>Location of Event</i> |
| <i>Please provide a description of the act which will be performed during the live performance.</i> | |

By signing below I acknowledge that I have read, understand and agree to the conditions stated in the Monmouth College Talent Performance Agreement.

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|------------------------------------|-------|
| _____ | _____ |
| Student Performer Signature | Date |
| _____ | _____ |
| Sponsoring Organization Signature | Date |
| _____ | |
| Division of Student Life Signature | |