

PERFORMING ARTS APPLICATION

GROUP NAME			
CONTACT NAME			
ADDRESS			
CITY/STATE/ZIP			
TELEPHONE	HOME	CELL	WORK
EMAIL			
WEB ADDRESS			
SOCIAL MEDIA			
GENRE			
INSTRUMENTS PRESENT IN PERFORMANCE	VOICE		
OTHER RELEVANT INFO			

Name of Performer/Performers as it will appear on signage and public information:

PERFORMANCE DATE:

TIME:

PERFORMANCE LOCATION:

PERFORMING ARTS POLICIES & PROCEDURES

CURRENTLY PERFORMANCES ARE SCHEDULED ON A VOLUNTEER BASIS AND COMPENSATION IS NOT AVAILABLE AT THIS TIME.

RE-SCHEDULING:

Project Art maintains the right to change the performance date listed on page 1. There is a possibility that performance dates may need to be modified in order to accommodate unscheduled construction and maintenance activities that are beyond the control of Project Art.



PERFORMANCE LOCATION:

Performances will take place in the mirrored atrium located on level 1, near elevator F. This space extends to the 8th floor so performances can be heard and experienced on all floors.

EQUIPMENT:

Within the performance space there is a *Yamaha C1 baby grand piano* and two benches that performers are welcome to utilize during their scheduled performance. While the performer/performers are responsible for providing all equipment needed for their performance. Project Art is able to supply music stands and additional chairs if needed. Please indicate the number of items needed for your performance:

- **Music stands:**
- **Chairs:**

LIABILITY: Project Art, University of Iowa Health Care, the University of Iowa, the State of Iowa Board of Regents, and the State of Iowa are not responsible for any lost, stolen or damaged equipment. No insurance is provided by the foregoing to cover such liability. Performers release and waive any rights they may have to claims against Project Art, University of Iowa Health Care, the University of Iowa, the State of Iowa Board of Regents, and the State of Iowa for lost, stolen, or damaged property.

UIHC PERFORMANCE ACCESS: In regard to day-of access, a list of all performers and members to be present at the hospital will be needed 72 hours prior to the performance. This list should include the first and last name of each individual, email and phone number. **Access to the hospital is currently restricted to those individuals within the University of Iowa Health Care Medical Center; specifically, hospital patients and approved visitors.**

PERFORMANCE DAY: You will notify Amanda Lee Ryan (610.451.1633) via text or email your estimated time of arrival, and enter through the hospital's main entrance. Please arrive at least 10-15 minutes prior to your scheduled performance or as much time as is necessary for set-up. Project Art staff will meet you in the lobby for check-in and proceed to the performance space for set-up preparations.

PROMOTIONAL AND PUBLICITY PERMISSIONS:

Performers must provide at least one promotional image. Below is a list of promotional and marketing items conducted by Project Art:

- **Signage**
- **The Loop** – internal publication
- **Noon News** – internal publication
- **Digital slide** – this will be displayed in rotation on monitors throughout UI Health Care facilities
- **Social media** – Project Art Facebook page
- **Webpage**

Does the performer/performers grant Project Art permission to:

	YES	NO
Photograph the performance for promotional purposes		
Publish performance on the Project Art webpage		
Distribute performance-related press and publicity		
Post on Project Art social media platforms		
Be tagged or mentioned in social media posts <ul style="list-style-type: none"> • If 'YES' please provide Facebook profile: 		

PERFORMER STATEMENT:

Please provide Project Art with a statement describing your work, influences, background, and any other pertinent information. This statement will be used in conjunction with the performance. **The statement must be received at least two weeks in advance of the scheduled performance. Project Art reserves the right to edit this statement.**

SET LIST: A set list must be provided to Project Art two weeks prior to the performance for review and approval.

AGREEMENT: In the event that the performer/performers are not in full compliance with this agreement and/or Project Art determines performance content to be incompatible with the hospital environment, Project Art reserves the right to cancel the scheduled performance.

Please make a copy for your records and return the signed policies and procedures to Project Art. You may send it via e-mail. Project Art's contact information appears on the letterhead on the first page. The signature below confirms that all involved parties have read and approved all terms and conditions.

Signature Date