



High School Event Form

Name of School:

Address:

City:

Zip:

Contact Name:

Contact Number:

Alt. Contact Name:

Alt. Contact Number:

Event Name:

Event Date/Time:

Advisor's Name:

Advisor's Number:

101.5 JamZ requires 45 minutes to set up

Please fax completed form containing all required signatures to (602) 440-3373 Jamz Promotions ATTN: Anna Uribe. 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) 212-4700.

Liability Release:

I, _____ **[INSERT NAME OF ADVISOR]**, on behalf of, _____
_____ **[INSERT NAME OF HIGH SCHOOL]**, 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 _____
[INSERT DATE] at _____ **[INSERT NAME OF HIGH SCHOOL]**

Advisor's Signature

Advisor's Printed Name

Name and Location of High School

Date