**Speak Your Truth Open Mic Night Application**

The Colorado Community Collaborative for Eating Disorders (The Eating Disorder Foundation, Eating Recovery Center and Pathlight Mood & Anxiety Center, EDCare, and Grace Filiss Recovery Consulting) are pleased to accept your application for the *Speak Your Truth* Open Mic Nighton July 27, 2023.

Everyone has a different relationship with food and with their body; we are asking you to share your story to help spread awareness, connection and hope. Whether it is your personal journey, your support of a loved one, about body image & beauty standards, food justice or other experiences with mental health – we would love to know you.

We are accepting submissions from all communities, regardless of race, gender, sexual orientation, religion, socioeconomic status, and/or disability and will strive to represent a diverse population to show eating disorders, disordered eating, and body image can affect anyone. Individuals with struggles, family members, clinicians and friends. All are welcome to the mic.

To support you and the event, please fill out the following information with as much detail as possible. Please be aware that presentations may contain difficult topics and language. Please exercise self-care. Support will be available during the event if needed.

***Please submit your application by email to*** [***cocommunitycollaborative@gmail.com***](mailto:cocommunitycollaborative@gmail.com)

***Deadline for submission June 29th***

***Notification of acceptance July 13th***

**Contact Information**

Name(s) of participant (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: mm/dd/yy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information about your performance**

What is the style of your performance i.e. poetry, spoken word, song, music, dance, artwork?

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You will have 2-4 minutes. Please provide a brief description of your performance.

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Given that many of our audience will have some personal experience with eating disorders and/or other mental health complications, is there anything about your piece for us to be mindful of?

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**Crowd Photo Release**

By entering the Collaborative event, you consent to having your image captured by official photographers and videographers. The resulting materials, including still photographs, video and audio recordings may be used by the Collaborative or local promotional entities without restriction or financial compensation, in news materials, promotional materials, on the web and other properties. If you do not agree to having your image captured or recorded, please do not enter the event venue.

**Disclaimer About Social Media and Privacy for Open Mic Participants**

By performing at this event, you understand that the public may post content of your performance and/or discuss content on social media and publicly. The Collaborative cannot guarantee the privacy of your performance. You release The Colorado Community Collaborative for Eating Disorders, its successors, assigns and licensees from any liability whatsoever of any nature*.*

**Participant 1 Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_ \_\_ Print Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**Participant 2 Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_ \_\_ Print Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**Participant 3 Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_ \_\_ Print Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**