



# 2018 a cappella workshop

## Pacific Shores Region 12 Sweet Adelines International

### YOUTH REGISTRATION

Return this form to: Cyndi Sharp, YWIH    by mail: 4125 Modoc Ct., Concord, CA 94521  
 Info phone: 925-671-9895    Email: csharpadeline@gmail.com (or bring with you to workshop)  
 Registration Fee: \$20 (\$10 workshop/\$10 lunch)    Make checks payable to: Pacific Shores Region 12

NAME: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
 Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_  
 Email to send confirmation to: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Release of Claims & Photo/Recording Release

I acknowledge that I am participating in Sweet Adelines International's, Region 12, Young Women in Harmony Program's Workshop, further known as (the Event), **January 20, 2018 at the Doubletree by Hilton Hotel, Sacramento, CA**, on my own accord. I give this acknowledgement freely, and knowingly, and I represent and warrant to you, that I am physically and mentally fit, and that as a result, am able to participate, and I do hereby assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages, or loss, regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Event. In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I may have as a result of participation in the Event against Sweet Adelines International and further agree to indemnify, defend, and hold harmless Sweet Adelines International, its directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs, arising out of, or in any way connected with my participation in the Event.

**I understand this Event ends at 5:00 pm on Sat., Jan. 20, 2018 and after that time I am responsible for my child.**

I hereby give permission for Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use my name/my child's name and/or photographs/artwork/videotapes/electronic representations and/or sound recordings on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media. I hereby consent that such photographs/ artwork/ videotapes/ electronic representations and/or sound recordings shall be the property of Sweet Adelines International and any of its affiliated organizations. They shall have the right to duplicate, reproduce, and make other uses of such as they desire, free and clear of any claim whatsoever on my part. All rights to fees, commissions, royalties, or profits received as the results of the distribution, sale, or lease of the recordings in any form, are assigned to Sweet Adelines International, to be used in any manner consistent with the purpose of Sweet Adelines International.

**If under 18 years of age parent must sign below:**

I, being the parent/guardian of \_\_\_\_\_, hereby give permission for my daughter to participate in the above Event. I have read, and agree with, all terms of the above Release of Claims and Photo / Recording Release.

\_\_\_\_\_  
 Parent Signature / Participant Signature if 18 yrs +                      Date                      Print Name

#### Emergency Medical Release **MUST BE COMPLETED IF PARTICIPANT IS UNDER AGE 18**

In the event of an accident, or illness, and the parent, or emergency contact person listed on this form cannot be reached through reasonable efforts, I give Sweet Adelines International Pacific Shores Region 12, permission to consent on my behalf to medical care as deemed appropriate, under the supervision and advice of any physician, or surgeon, licensed to practice in the state of California, for my child listed below. This authorization shall be valid for **Saturday, January 20, 2018**. I agree to this Emergency Medical Release statement and do hereby indemnify, and hold harmless, the physician, hospital and other persons who act in reliance upon this authorization.

**Parent must sign below:**

I, being the parent/guardian of \_\_\_\_\_, hereby agree and consent to the terms in the above Emergency Medical Release.

\_\_\_\_\_  
 Parent Signature    Date    Print Name

**Emergency Contact:** Name & phone numbers of parent / contact that can be reached on **Saturday, January 20, 2018**.

Name #1: \_\_\_\_\_ Name #2: \_\_\_\_\_

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

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

**Medical Information:** List any medical conditions, including; ADD, asthma, allergies, food restrictions.

Medical Conditions: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

