

YWISH Festival Participant CONSENT & RELEASE Form - Youth

1. Please complete the online registration webform found at metronashvillechorus.org/YWISH
 Mail this consent form to: MNC YWISH Festival, 6741 Autumn Oaks Dr., Brentwood, TN 37027
 OR scan an email the signed form to ywish@metronashvillechorus.org
2. Include check payable to MNC for registration fee (\$25) with this consent form by mail
 OR pay online via PayPal at metronashvillechorus.org/YWISH
3. All forms and fees must be received by 10/1/24.

SECTION 1: PARTICIPANT INFORMATION

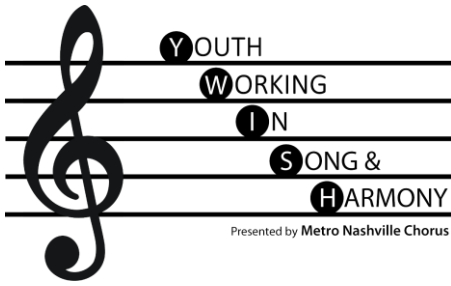
Participant Name:	Participant Cell:	Age on 11/16/24:
Parent/Guardian Name:	Relationship:	
Cell Phone:	Parent/Guardian Email	

SECTION 2: PARENTAL/GUARDIAN CONSENT FOR FESTIVAL PARTICIPATION

Please complete the following and provide your signature and date to document your consent for your minor child to participate in this event.

I, _____ parent/guardian of _____ hereby give my permission for her to participate in the Youth Working in Song & Harmony (YWISH) Festival, sponsored by the Metro Nashville Chorus Chapter of Sweet Adelines International. I agree to release Sweet Adelines International Corporation and any and all of their agents from any and all liability arising from or in any manner related to her attendance at or participation in this event.

Signature of parent/guardian: _____ Date: _____



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SECTION 3: YOUTH PHOTO/RECORDING RELEASE

Please complete the following and provide your signature and date to document your consent of any photographs or recordings including your minor child during participation in this event.

I, being the parent/guardian of _____, hereby give permission for Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use the name of my minor child and/or photographs/artwork/videotapes/electronic representations and/or sound recordings of my child on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media.

Furthermore, 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 media 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.

Signature of parent/guardian: _____ Date: _____

SECTION 4: MEDICAL/EMERGENCY CONTACT INFORMATION

PARTICIPANT NAME: _____

Participation in the YWISH Festival is not expected to create a medical or health risk for participants. However, it is beneficial for us to have information on file if a participant has allergies or specific medical conditions in the event that an incident occurs that could impact their health and medical attention is required. In the event that medical assistance is required for a minor participant, her parent/guardian will be contacted immediately.

	Primary Emergency Contact	Secondary Emergency Contact
Name		
Relation to participant		
Phone Number 1		
Phone Number 2		

Please list any medical conditions or severe **allergies** in the space below that you would like the MNC event chaperones to know and communicate to medical responders in the event that medical assistance is required. (Please note that providing this information is optional and if provided, this information will be kept secured at all times and destroyed after the event.)
