

YWISH Festival Participant RELEASE Form - Adult

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 and email the signed form to ywish@metronashvillechorus.org
2. Include check payable to MNC for registration fee (\$40) with this consent form by mail
 OR pay online via PayPal at metronashvillechorus.org/YWISH
3. All forms and fees must be received by 10/6/26

SECTION 1: PARTICIPANT INFORMATION

Participant Name:	Age on 11/17/26:
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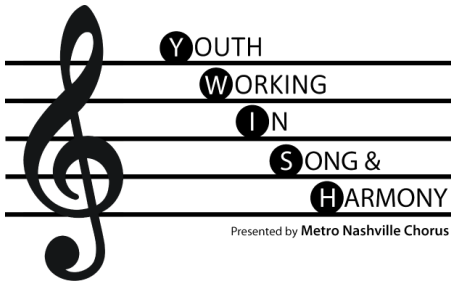
SECTION 2 PHOTO/RECORDING RELEASE

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

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 and/or photographs/artwork/videotapes/electronic representations and/or sound recordings of me 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: _____ Date: _____



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SECTION 3: 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 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.)
