PARENT/GUARDIAN CONSENT FORM

Ambassador Competition Participation

Event Name: Capreol Days Ambassador Competition

Event Date: Friday July 31, 2026 at 7:00pm

Location: Firehouse Bar & Grill

I, the undersigned, am the parent/legal guardian of:

Participant's Full Name: _____

Date of Birth: _____

I hereby give my full consent for my child to participate in the **Ambassador Competition**. I understand that this event may involve public speaking, interviews, stage appearances, and other related activities.

1. Acknowledgement of Participation

I acknowledge that my child's participation is voluntary and that they may be photographed, filmed, or otherwise recorded for promotional purposes related to the event.

2. Health & Safety

I confirm that my child is in good health and able to participate in all scheduled activities. I will inform the organizers of any medical conditions, allergies, or special requirements in advance.

3. Liability Release

I release the event organizers, sponsors, and venue from any liability for injury, loss, or damage that may occur during participation, except in cases of gross negligence or willful misconduct.

4. Media Consent

I grant permission for my child's name, image, and likeness to be used in event-related publicity, including print, online, and broadcast media, without compensation.

5. Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____