

Talent Competition Consent and Waiver Form

Participant Information

Full Name:

Date of Birth:

Email Address:

Phone Number:

Parent/Guardian Information (If Participant is under 18)

Parent/Guardian Name:

Parent/Guardian Phone Number:

Consent and Waiver

By signing below, I acknowledge and agree to the following:

- I consent to participate in the Talent Competition organized by [Organization Name].
- I understand that participation in this event is voluntary and may involve physical activity or performances.
- I waive, release, and discharge [Organization Name], its staff, and affiliates from any and all liability for personal injury or property damage resulting from my participation.
- I grant permission for photographs, video, or audio recordings taken during the event to be used for promotional purposes by [Organization Name].
- I certify that I have read this form and fully understand its content. If under 18 years old, my parent/guardian has also provided consent below.

Participant Signature:

Date:

Parent/Guardian Signature (if under 18):

Date:
