

Youth Photo/Recording Release

Youth's Name:	
Parent's/Guardian's Name:	
Address/State/Zip/Country:	
Day phone:	Email:
Agreement:	
I, being the parent/guardian of	, hereby give permission for
Sweet Adelines International and any of it	s affiliated organizations, including, but not limited to
its regions and chapters, to use the name	of my child and/or photographs/ artwork/videotapes/
electronic representations and/or sound r	ecordings of my child on an ongoing basis for
promotional, news, or public relations pur	poses in print and/or electronic media.
Furthermore, I hereby consent that such p	photographs/artwork/videotapes/electronic
representations and/or sound recordings	shall be the property of Sweet Adelines
International and any of its affiliated orga	nizations. They shall have the right to duplicate,
reproduce and make other uses of such pl	hotographs/artwork/videotapes/electronic
representations and/or sound recordings	•
whatsoever on my part. All rights to fees,	commissions, royalties, or profits received as
	se of the recordings in any form are assigned to
Sweet Adelines International to be used in	n any manner consistent with the purpose of
Sweet Adelines International.	
Signature of parent/guardian:	Date:

SWEET ADELINES INTERNATIONAL • 9110 S. Toledo Ave., Tulsa, OK, USA 74137 • Fax 918-388-8083



Sweet Adelines International Release of Claims

I agree and acknowledge that I am participating in the 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, 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 the 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 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, 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.

Signed:				
Print Name:			_	
Date:		-		
If under 18 year	s of age:			
Parent/Guardiar	n Signature:			
Parent/Guardian	Name Printed:			
Date:		_		
Pleas	se return to	 no later than	to retain on file.	