

# Yolo County Fair - Vocal Showcase 2024

## Release and Authorization to Participate For Minors and Conservatees

(APPLICANT UNDER AGE 18 MUST HAVE THEIR PARENT, LEGAL GUARDIAN OR CONSERVATOR COMPLETE THIS FORM)  
BEFORE PERFORMING\*

Minor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I/we, the parent(s) of \_\_\_\_\_, hereby affirm that I/we am/are a parent(s), legal guardian(s) or conservator(s) of the minor applicant named above and I/we have his or her sole custody and control.

I/we hereby grant permission for the minor applicant to participate in the Yolo County Fair Vocal Showcase competition. I hereby affirm that I am free to give this permission.

The following signature indicates that we have read the Yolo County Fair Vocal Showcase Competition official rules for the 2024 season and agree to abide by each rule. We understand that if we do not abide by the official rules, the minor will be immediately disqualified and will be prohibited from participating in the competition.

Minor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Name Release and Photo Consent Authorization

I/we the parent/guardian(s) of \_\_\_\_\_, a minor,

Hereby give Yolo County Fair and anyone acting under the authority or permission thereof, the unqualified right to use my/our minor's name for publication and/or distribution of photographs, video tapes or recordings made of or received from me anywhere and in any manner at any time hereafter, for any publicity, advertising or other purpose.

I/we wave all my/our rights of inspection or approval and irrevocably release Yolo County Fair from claims or demands, which I may or can have on account of the use or publication or arising of such photographs or information.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_