

INDIANA MISS MAJORETTE and/or OPEN COMPETITION

Put X in box for event and level in which you wish to compete. Shaded areas are not available for entry.

ENTRY DEADLINE: March 22, 2023						
Name:				_		
			e: Zip: _			
Email Address:						
Birthdate:						
		OPEN EVEN	TS \$10 each eve	nt		
Event	Special Nov	Novice	Beginner	Intermediate	Advanced	
Dress Model						
Best Appearing						
Basic March						1
Solo						-

RACEWAY PAGEANT (OPEN) \$35

Nov	v. E	Beg.	Int.	Adv.	,

X Strut

2-Baton

3-Baton

Show Twirl

Rhythmic

Men's Solo

Men's X Strut

Flag

Visitor Solo

Miss Majorette Contestant	Name:	Birthdate:			
Miss Majorette of Indiana Pageant Events					
1. Novice \$45	2. Beginner \$55	3. Intermediate \$55			
4. Advanced \$55	5. College \$55				
Processing Fee \$20.00:	(once per fam	ilv)			
riocessing ree \$20.00.	(once per fam	ny)			
MMI Events Total:					
Open Events Total:					
Total Entry:					
Mail entries and make checks	payable (or Venmo at @Charlo	otte-Anthony-8) to: Charlotte Anthony 9211 E CR			

25 South, Selma, IN 47383.

Indiana Miss Majorette/Open NBTA 2023 Baton Competition - RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF my child/ward	_(child/ward name) being allowed to participate in
any way in the NBTA Indiana Miss Majorette/Open related even	its and activities, the undersigned acknowledges,
appreciates, and agrees that:	

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

- 1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation; and,
- 2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
- 3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the contest directors, judges, facility employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
- 5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.
- 6. I, the parent/guardian, and my ward will follow all rules related to COVID-19 as put forth by the activity director, facility, and State.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Child/Ward:	
Name of Parent/Guardian:	
Parent/Guardian Signature:	
Date Signed:	

Facility - Participant Registration \ Waiver Form

Participant Name:	rticipant Name: Birth Date:			
Parents Names (if participar	nt is under 18):			
Address:				
City:	State:_	Zip:		
Cell Phone:	Home/Alt Phone:			
Contact E-Mail Address:				
Coach's Name, Group Name	e:			
facility for a special event (Nuse this facility, I agree to as Liberty Perry School Corp gr property owners and any ot demands and damages of ex participation in any and all a	ry School Corp is only providing m IBTA Indiana Miss Majorette/Open sume all risks for myself and / or founds, its staff, agents, owners, of hers having interest in the facility for the facility for the facility is staff, agents, owners, of hers having interest in the facility for my minor child (if applicable) which may arise out of activities at this facility.	competitions). In our my minor child an ficers, manufacture from all liability, near my participation are the the fith the rules of the a	consideration for the privilege to nd release and hold harmless the es of equipment and material, gligence, causes of action, claims and / or my minor child's	e ,,
	paches, must sign this waiver to act nts, under the age of 18, a parent o		·	e
	UNDERSTAND THIS WAIVER FORM DEFINITE, UNLESS WITHDRAWN B' PARTICIPANT UNDER 18.			-
x				
PARTICIPANT \ PARENT SI	GNATURE (IF PARTICIPANT UNDER	18) DA	ATE	