



# Registration

## August 26, 2017

(Please Print)



First & Last Name of Participant:	Female Cut T-shirt Size (circle one): Child Large Adult Small – Medium – Large – XL – 1X – 2X – 3X	
Street address:	City:	State/Zip:
eMail Address:	Birthdate:	Home Phone Number: (   )
Lunch is included. Please notate any dietary allergies/restrictions.	First Time Participant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone Number: (   )

**EMERGENCY INFORMATION – REQUIRED OF ALL PARTICIPANTS**

Primary – First & Last Name of Emergency Contact:	Cell Phone Number: (   )
Secondary – First & Last Name of Emergency Contact:	Cell Phone Number: (   )

**RELEASE OF CLAIMS**

I acknowledge I am participating in Bay Area Showcase Chorus' – A Cappella U, further known as the Event, of my own 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, am 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 Sweet Adelines International and Bay Area Showcase Chorus. I further agree to indemnify, defend, and hold harmless their 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.

**MEDIA RELEASE**

I hereby give permission for Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use my name and/or photographs/artwork/videotapes/electronic representations and/or sound recordings on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media. I hereby consent that such representations and/or sound recordings shall be the property of Sweet Adelines International and any of its affiliated chapters. They shall have the right to duplicate, reproduce, and make other uses of such as they desire, free and clear of any claim whatsoever on my part. All rights to fees, commissions, royalties, or profits received as the result of the distribution, sale, or lease of the recordings in any form, are assigned to Sweet Adelines International, to be used in any manner consistent with the purpose of Sweet Adelines International and Bay Area Showcase Chorus.

I have read and agree with all terms of the above Release of Claims and Media Release.

_____ Participant Signature (Parent/Guardian signature required if under 18 yrs old)	_____ Date	
Mail check with this form to: BASC, P. O. Box 184, Santa Clara, CA 95052	Checks payable to: BASC Price per participant: \$25	Scholarship needed: <input type="checkbox"/> Yes <input type="checkbox"/> No    501(c)(3) Non-Profit