

Parent / Guardian Consent & Release Form

Online Talent Showcase

Hosted by DMG Consulting, Management & Entertainment LLC

Participant Information

- Participant Full Name: _____
- Age: _____
- Date of Birth: _____
- Performance Type (e.g., singing, acting, dance, spoken word):

Parent / Legal Guardian Information

- Parent / Guardian Full Name: _____
 - Relationship to Participant: _____
 - Phone Number: _____
 - Email Address: _____
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Parental Consent & Authorization

I, the undersigned parent or legal guardian, hereby grant permission for my child named above to participate in the Online Talent Showcase organized by DMG Consulting, Management & Entertainment LLC ("Organizer"). I confirm that I am the lawful parent or legal guardian of the participant and have full authority to provide this consent.

Media Release & Usage Rights

I understand and agree that my child's performance, name, likeness, image, voice, and biographical information may be recorded, photographed, streamed, displayed, edited, and used by the Organizer for promotional, marketing, educational, and archival purposes across digital platforms, social media, websites, and other media formats, without additional compensation.

Code of Conduct Acknowledgment

I acknowledge that my child is expected to behave in a respectful and professional manner at all times. I understand that any violation of the event's Code of Conduct may result in removal from the Showcase without refund or compensation.

Assumption of Risk & Liability Release

I acknowledge that participation in the Online Talent Showcase involves inherent risks, including but not limited to technical issues, internet disruptions, and performance-related stress. I voluntarily assume all risks associated with my child's participation.

I hereby release, waive, discharge, and hold harmless DMG Consulting, Management & Entertainment LLC, its owners, officers, employees, contractors, partners, sponsors, and affiliates from any and all claims, demands, liabilities, damages, or causes of action arising out of or related to my child's participation in the Showcase.

Medical Authorization (If Applicable)

In the event of an emergency where I cannot be reached, I authorize the Organizer to seek emergency medical treatment for my child. I understand that I am financially responsible for any medical care provided.

Acknowledgment & Agreement

By signing below, I acknowledge that I have read, understand, and agree to all terms of this Parent / Guardian Consent & Release Form and the Official Rules of the Online Talent Showcase.

Signatures

Parent / Guardian Signature: _____

Printed Name: _____

Date: _____

Organizer: DMG Consulting, Management & Entertainment LLC

Official communications will be conducted through authorized DMG platforms only.