

VERY IMPORTANT PLEASE READ CAREFULLY

In order for you to participate in the Teen Cover Girl & Miss Cover Girl pageant, please complete and return this form the first day of practice February 24th at Benedict Hall which is located at 250 3rd Ave, Chula Vista, CA 91910 along with registration fee of \$100, or Paypal Receipt as proof of payment/deposit.. If you have a QB Cash Certificate Please Bring too.
Parent/Guardian signatures are required only if you are under 18 years.

Participant's Name: _____ Age: _____

Parent Signature (if under 18) _____

Telephone Number: _____ email: _____

Contestant Agreement

If I am chosen as Teen Cover Girl or Miss Cover Girl, I agree that:

- ❖ I will be managed solely by Quince Bride Magazine, LLC for civic and philanthropic appearances and for commercial contracts of engagements for a period of 12 months from March 24th, 2019 through the next pageant where I will be crowning the next Cover Girl.
- ❖ I agree to a 6-8 hour photoshoot following the Pageant (one parent allowed). Photoshoot will be during the day on a weekday. Directors will let you know in advance so you can make arrangements in school/work.
- ❖ I will not promote my likeness, name, or title for any product, service, or event at any time during the approximate eight months of my reign referenced in Paragraph 1 without prior approval of my directors.
- ❖ I will not contract for any commercial endorsement or guest appearance at any time during the approximate eight months of my reign referenced in Paragraph 1 without prior approval of my directors.
- ❖ I will not sign an exclusive contract with any agencies during the approximate six months of my reign, without prior approval of my directors.
- ❖ I shall make appearances as Teen Cover Girl or Miss Cover Girl, at such time and place as shall be designated by my Directors Dulce Franko & Evelyn Razo.
- ❖ I shall not make any appearances as Teen Cover Girl or Miss Cover Girl without prior consent from my Directors.
- ❖ I shall not conduct any interviews using my title (radio, newspaper, television or otherwise) without prior consent from my Directors.
- ❖ I shall not appear in a swimsuit in public as Teen Cover Girl or Miss Cover Girl.
- ❖ I shall not smoke, chew gum, or drink alcoholic beverages during or immediately following an appearance as Teen Cover Girl or Miss Cover Girl, or at any time while wearing my Teen Cover Girl or Miss Cover Girl crown and/or sash.
- ❖ I shall have my appearance attire approved in advance by one of my Directors before any appearance as Teen Cover Girl or Miss Cover Girl
- ❖ I shall endeavor to act as a role model and always as a professional while making an appearance as Teen Cover Girl or Miss Cover Girl
- ❖ If I am elected as First Runner Up, I understand that if for any reason Teen Cover Girl or Miss Cover Girl shall not or cannot fulfill her obligations, upon the request of the Directors, I shall act in the place of Teen Cover Girl or Miss Cover Girl and assume and perform such duties.
- ❖ I shall fulfill all appearance obligations as agreed on by my directors, and in the case of not being able to attend, I will notify a week in advance.

Pageant Rules & Regulations

In order for this pageant to run smoothly and in the interest of fair competition, we require all Contestants to observe a few simple rules. Please make every effort to comply with the guidelines listed below.

- ❖ \$100 Registration Fee is due on the First day of the first practice along with packet signed. You are responsible to make a photocopy or take a picture for your records.
- ❖ All Contestants agree to sell 15 tickets at \$20 each for the pageant event. All ticket sales must be turned in 1 week before the competition, no exceptions. Contestant is responsible for the amount of tickets not sold. Additional tickets may be purchased at the presale \$20 price, Tickets will be at the door for \$25. Seating is First Come First Serve.
- ❖ Tickets are numbered, contestant is responsible for paying for lost tickets.
- ❖ All contestants understand all payments made are non-refundable or nontransferable.
- ❖ During photoshoot trip, practices and meet times, Contestants must not leave the area for any reason unless accompanied by a chaperone.
- ❖ All practices will be closed to the public. No cell phone use during rehearsals. Ok to use during 20min snack break.
- ❖ Contestants Parents, friend, relatives are not allowed to stay during practices, rehearsals, photoshoots, unless required by directors, and/or prior arrangements were made under very special circumstances.
- ❖ If you miss a class, there are no makeup class.
- ❖ If you can't make the photoshoot, we will snap a picture in the studio another time. You cannot submit your own picture, & you will not participate for the Miss Photogenic title.
- ❖ Courtesy and proper language is required when dealing with other Contestants, the pageant staff, special guests & services.
- ❖ Contestants must be on time to all scheduled events; this includes but is not limited to Practices, photoshoot, stage rehearsal, and day of event at the required times.
- ❖ There will be no public display of affection allowed between Contestants and their significant other. This includes but is not limited to: hand-holding, kissing, constant or prolonged hugging, walking arm in arm, etc. If in doubt, choose the side of caution.
- ❖ There will be absolutely no smoking in public, and no drinking of alcoholic beverages by the Contestants at any time during the pageant. Non-prescription drugs are not permitted.
- ❖ All Contestants will participate the day of competition from beginning to end and will participate on stage for the crowning of the new Teen Cover Girls & Miss Cover Girls.
- ❖ Any misconduct or infringement of the rules may result in immediate disqualification and dismissal from the pageant.
- ❖ None of the contestants (outside of competition), their parents, friends, relatives, etc., are to engage any of the Judges or Auditor in conversation at any time prior to the absolute conclusion of the pageant.

Contestant Signature _____ Date _____

Parent Signature _____ Date _____



RELEASE OF LIABILITY

Participant's Name: _____

In consideration of participation in Miss QUINCE Cover Girl and Miss BRIDE Cover Girl Pageants Produced by Quince Bride Magazine, LLC, and related events and activities, I agree that:

1. There are inherent risks of injury.
2. I am assuming those risks.
3. For all injuries I might sustain, I indemnify and hold harmless the Quince Bride Magazine Organization and the above named and all representatives, employees, subcontractors, and volunteers of the organization.
4. Injuries sustained as a result of the sponsoring director's sole negligence are exceptions.

I (we) have read this release of liability and assumption of risk agreement, fully understand its terms and sign it voluntarily.

Participant's Signature: _____

Date: _____

Parent/Guardian if under 18: _____

MEDICAL FORM

PLEASE CHECK YOUR DIVISION:

☐ Teen Cover Girl

☐ Miss Cover Girl

| | | | |
|---------------------------------|--|--|--|
| NAME: | | | |
| ALLERGIES: | | | |
| KNOWN PHYSICAL LIMITATIONS: | | | |
| ANYTHING WE SHOULD BE AWARE OF? | | | |

EMERGENCY CONTACT INFORMATION FOR DELEGATE:

| | | | |
|----------------------------|--|--------|-----------|
| EMERGENCY CONTACT NAME: | | PHONE: | () - |
|----------------------------|--|--------|-----------|

INSURANCE INFORMATION:

This information is only used in the event that an incident occurs and you are unable to give this information yourself or we are unable to make contact with a parent or guardian so that we may give this information to the appropriate health care providers to ensure the utmost care.

| | | | |
|---------------------------|--|---------------------|-----------|
| PRIMARY NAME ON CONTRACT: | | CONTRACT NUMBER: | () - |
| INSURANCE COMPANY NAME: | | | |

I hereby unconditionally release Quince Bride Magazine, LLC, from any liability or any damages I/my daughter may incur during my participation in the Teen Cover Girl and Miss Cover Girl Pageants.

Delegate Signature: _____ Date: _____

Legal Guardian (if under age 18): _____ Date: _____

IF NOT INSURED, PARENT MUST SIGN HERE TO ACCEPT ALL FINANCIAL RESPONSIBILITY FOR ANY MEDICAL CARE NEEDED DURING PAGEANT/PRACTICES: _____

YOUR NAME _____

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