

COSTUME-CON 38/40 SINGLE PATTERN MASQUERADE - 2022

Release

One completed and signed release must be provided for each member of an entry and anyone who will or might be photographed or video recorded in conjunction with the Single Pattern Masquerade.

Entry

Title: _____

I have read and understand the rules of the Costume-Con 38/40 Single Pattern Masquerade and agree to abide by all of them. Further, I agree to permit photography and/or video recording and also agree to permit the use, sale, and/or dissemination of said photographs and/or video recordings subject to permission from the Costume-Con 38/40 Single Pattern Masquerade Director or Committee. Additionally, I agree to hold Costume-Con 40, its organizers, the facility, and all agents, assignees, and participants of Costume-Con 40, both severally and individually, blameless for any accident and/or injury suffered by me during the course of this Single Pattern Masquerade, except in cases of gross negligence on the part of those cited above.

Date: _____

Print Name: _____

Signature: _____

Release for Minor (all entrants under the age of 18) [if applicable].

I, being the parent/legal guardian of _____ [name of minor], on behalf of said minor, have read and understand the rules of the Costume-Con 38/40 Single Pattern Masquerade and agree to abide by all of them. Further, I agree to permit photography and/or video recording and also agree to permit the use, sale, and/or dissemination of said photographs and/or video recordings subject to permission from the Costume-Con 38/40 Single Pattern Masquerade Director or Committee. Additionally, I agree to hold Costume-Con 40, its organizers, the facility, and all agents, assignees, and participants of Costume-Con 40, both severally and individually, blameless for any accident and/or injury suffered by me during the course of this Single Pattern Masquerade, except in cases of gross negligence on the part of those cited above.

Date: _____

(over)

Print Name: _____

Signature: _____

Legal guardian of

CONTACT INFORMATION (please print clearly)

Contact name: _____ Phone: _____

Street
address: _____

City: _____

Province/State: _____ Postal/ZIP Code: _____ Country: _____

Email: _____

CONTACT INFORMATION DURING COSTUME-CON 40

Hotel: _____

or local address: _____

Cell phone or other contact number: _____