SCHOLARSHIP APPLICATION FORM FOR MOUNTAIN HARMONY CAMP

Alliance Redwoods, Occidental, CA November 17-19, 2017

	Must be 13 years old by 12/30/17 to attend
Name:	Birthdate:
Street Address:	Age:
City:	State/Zip:
Contact Numbers	
Home Phone:	Cell:
E-mail:	
School	
School Name:	Grade:
School City:	
Chorus Affiliation (s)	
Are you a member of Sweet Adelines? YES NO	If yes, chorus name:
Please list any groups you sing with. Ex: school, church, community	
Emergency Contact	
Name:	Relationship:
Address:	Phone:
City, State,Zip	
Release of Claims	

I acknowlwdge that I am participating in Sweet Adeline's International's Region 12, Young Women In Harmony Program's Mountain Harmony Camp, further known as the Event Nov 17-19 2017, at Alliance Redwoods Conference Center, Occidental CA, on 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, I 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 the Pacific Empire Chorus and further agree to idemnify, defend, and hold harmless their directors, officers, employees, members, staff and all individuals assisting in instructing and conducting these activities which may accrue to me or my heirs, arising out of, or in any way connected with my participation in the Event.

_____ _____

Participant's Signature (required) Date

If under 18 years of age parent must also sign. I have read and agree to the terms above

_____ _____ _____

Parent Signature Date Print Name

Return application with android/iphone voice recording to scholarship2sing@gmail.com Application deadline: September 15, 2017