*3rd Annual*

*NAACP Cookeville/Putnam Juneteenth 2024 Pageant*

***Application***



# *APPLICATION DEADLINE*:

# May 2, 2024

*AD SUBMISSION DEADLINE:*

*May 27, 2024*

*(for pageant brochure)*

**Miss Juneteenth Pageant Coordinators**

 **Johnnie Wheeler, Chairperson**

**931)261-6156**

**Tom Savage, President**

**(931)261-2795**

**Geeta McMillan, Secretary**

**(931)260-5931**

**Linda Irby, Assistant Coordinator**

**(931)260-7662**

***NAACP Cookeville/Putnam Juneteenth***

*2024 Miss Juneteenth Pageant Application*

### **Due by May2, 2024**

***Return this portion***

### **Please type or print legibly in blue or black** **ink.**

Contestant’s Name(to be listed on the program)

Age:

Address:

Name of Current School:

Current Grade in School:

###  Parent/Guardian Information: - What names are to be included on the program

Name(s):

Address:

Home Phone: ( ) Cell Phone ( )

Email:

*Sponsor name and address:*

List civic, church, pageant, homecoming, or model experience(s)

(list of hobbies or interests – for use for MCs during introductions)

Please write something for the MCs to use during their introduction of your child

Contestant’s Signature:

**PLEASE SUBMIT A HEADSHOT FOR THE PROGRAM**

I agree that all information provided above is accurate. Any misrepresentation of the truth will cause immediate disqualifications from the competition. I understand the rules and regulations and hereby give permission for my daughter/minor to complete in the Miss Juneteenth Pageant.

***The application Deadline is May 2, 2024****. Mail completed application to:*

*NAACP Cookeville/Putnam Miss Juneteenth Pageant 2024*

*370 S. Lowe Avenue, Suite A227*

*Cookeville, TN 38501*

*Email – naacp.cookevilleputnam@gmail.com*

Parent/Guardian Signature:

Date:

***NAACP Cookeville/Putnam Juneteenth Coalition***

## MISS JUNETEENTH PAGENT - Parental Consent and Release

*AUTHORIZATION, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT and MEDICAL and MEDIA RELEASE*

*(Read Carefully Before Signing)*

*WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT*

*PROGRAM: Miss Juneteenth Pageant (the “activity”)*

In Consideration of being permitted, at my specific request, for me or my child/ward to participate in the activity, we HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Miss Juneteenth Pageant, it’s officers, volunteers, and agents, individually or in an official capacity for the group (all for purposes herein referred to as “releases”) from all liabilities, claims, actions, damages, costs or expenses which we may have against any of the releases arising out of or in any way connected to participation in the activity, including , travel to or from the activity, for bodily injury, death or property damage suffered by me/my child before, during, or after said activity. I understand that this release and waiver includes any claim or action based on the negligence, action or inaction of any release or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY,

DEATH, OR PROPERTY DAMAGE due to the negligence of releases or otherwise while engaged in or as a result of the activity. I expressly acknowledge and agree that the activity may involve the risk of injury or property damage. I shall defend (if directed by the NAACP Cookeville/Putnam Juneteenth Coalition), hold harmless and indemnity the NAACP Cookeville/Putnam Juneteenth Coalition, it’s officers, volunteers, and agents from and against all liabilities, loss, claims, damages, costs, attorneys’ fees and expenses of whatever kind or nature which the NAACP Cookeville/Putnam Juneteenth Coalition, it’s officers, volunteers, and agents may sustain, suffer, or incur, or be required to pay by reason of permitting me/my child/ward to participate in the activity, even if allowing me/my child/ward to participate in said activity is later found to be wrongful or negligent. I further expressly agree that the foregoing release and waiver of liability, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Tennessee or other State where a claim or action may be instituted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect

Signature of Parent or Guardian:

Date:

***NAACP Cookeville/Putnam Juneteenth***

MEDICAL RELEASE FORM

Name of Child

Name of Parent

Parent’s cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s business phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned as the parents and/or legal guardians of do hereby consent to any/all medical and surgical treatments, including anesthesia and operations that may be deemed advisable by any qualified physician selected by agents or officials of the NAACP Cookeville/Putnam Juneteenth Coalition. The intention hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations, and diagnostic procedures that may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. No action will be taken until an attempt is made to contact me at the phone number(s) listed above.

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Signature of Parent or Guardian:

Date:

**MEDIA RELEASE CONSENT** of photos and videos for NAACP Cookeville/Putnam Juneteenth’s website, promotional, social and news media

Signature Date:

**This form MUST BE signed and returned with your application and entry fee.**