



Miss Alaska

Gold Nugget Princess Camp

CHILD'S INFORMATION (Please print legibly)

Child's name (first/middle/last) _____ Name called _____

Address _____ City _____ Zip _____

Male Female Birth date _____ Age (as of registration date) _____

Check all that apply to your child, or check "None" for those that don't apply:

Allergies (type) _____ None

What would you like us to know about your child? _____

FAMILY INFORMATION (Check parent to contact for payment and other questions)

Parent/guardian's name _____ Employer _____

Home Address _____ City _____ Zip _____

Phone 1 _____ Phone 2 _____ Phone 3 _____

Email address _____

Parent/guardian's name _____ Employer _____

Home Address _____ City _____ Zip _____

Phone 1 _____ Phone 2 _____ Phone 3 _____

Email address _____

EMERGENCY INFORMATION

In case of emergency, please contact the following first: _____

Child's doctor _____ Doctor's phone _____

Hospital preference _____

Insurance company _____ Policy # _____

If neither parent/guardian cannot be reached, call:

Name _____ Relationship to child _____

Phone 1 _____ Phone 2 _____ Phone 3 _____

**2022 MISS AMERICA STATE AND LOCAL CANDIDATE
APPLICATION & AGREEMENT**

On this 4th day of January 2022, the "2022 Miss America State and Local Application and Agreement" is supplemented with the following addition:

Amendment A:

2022 Candidate Health and Safety Consent

By choosing to compete as a candidate for the State-licensed Local and/or licensed State Competition in the Miss America or MAOTeen program, I agree and consent to the following:

- 1) I recognize I may be at risk of contracting COVID-19, its mutations, its variants or any life-threatening condition (COVID-19);
- 2) I agree the health and safety of all candidates, volunteers, staff and production staff are a priority;
- 3) I acknowledge I have a responsibility to report the behavior of anyone associated with the State-licensed Local or licensed State Organizations making unwelcomed or inappropriate sexual remarks or physical advances towards me immediately to the appropriate Local or State program Leadership Team Member or Director;
- 4) Each State-licensed Local and/or licensed State Competition shall designate their Leadership Team;
- 5) I agree to follow all directions from the Leadership Team to help protect myself, my fellow candidates, volunteers, and production staff;
- 6) Should testing prior to travel or during the Competition be directed, I agree I will submit to such testing;
- 7) I agree by being a participant in the State-licensed Local and/or licensed State Competition in the Miss America or MAOTeen programs or any gathering prior to on behalf of Organization or its affiliates, should I test positive prior to the day I am to travel to the Competition, or should I test positive at any time during the Competition, I will forfeit my opportunity to continue competing in the Competition for related scholarship awards and the job of the representative/titleholder;
- 8) I understand should I test positive prior to the Competition, I am to notify my Director immediately;
- 9) I understand the Leadership Team is there for my protection and the protection of all participants;
- 10) Should I test positive, I understand my disqualification from the competition will not be final until the Leadership Team has made such a determination for this specific competition. I shall maintain my eligibility to compete in other local competitions, if any, and I am healthy;
- 11) I agree to follow all directions of the Leadership Team, and all decisions of the Leadership are final;
- 12) I indemnify and hold harmless; the State-licensed Local(s) and/or licensed State Competition, The Miss America Organization Inc., MAO IP Holding Company, LLC, its affiliates, sponsors, vendors, and partners (collectively referred to as MAO) and their respective officers, directors, agents, volunteers, and employees (the "Indemnitees") from and against any and all losses, liabilities, claims, damages, and expenses (including reasonable costs of investigation and attorneys' fees) (collectively, the "Losses") which I may suffer before or during the competition;
- 13) I understand this Amendment is part of my Application, and all applicable sections and subsections of my Application shall also apply to this consent;
- 14) I understand the provisions of this consent will be considered severable. Should any one or more provisions be invalid or unenforceable, this will not affect the validity and enforceability of the other provisions.
- 15) I authorize the Organization(s), its related entities, and The Miss America Organization, Inc. to release confidential and protected health information regarding my ability to compete or withdraw from the Competition(s).

By: **X** _____ Dated this ____ day of _____, 2022.

Signature of Parent or Legal Guardian

Only to be completed by the Parent(s) or Guardian (s) of a Candidate who is not yet eighteen (18) years of age on the date of this Agreement.

PRINT PARENT/LEGAL GUARDIAN NAME

X

PARENT/LEGAL GUARDIAN SIGNATURE

Attachment B
Medical Responsibility and Authorization Form

REQUIRED

Candidate/Titleholder certifies that the Local/State Organization(s) are not responsible for any medical/dental or other health related expenses incurred by Candidate/Titleholder during the time in which they participate in any Local/State Competition(s), including any activities regarding same.

X

CANDIDATE SIGNATURE AND DATE*

*If the Candidate is below the age of 18, the Parent or Guardian must sign.

X

PARENT/GUARDIAN SIGNATURE AND DATE*

Pre-Authorization for Medical Treatment Regarding Candidates below the age of 18:

I hereby authorize a physician, nurse, or other appropriate health care provider to perform medical treatment deemed necessary for:

(CANDIDATE NAME)

*If the Candidate is below the age of 18, the Parent or Guardian must sign.

X

PARENT/GUARDIAN SIGNATURE AND DATE