



MISS ARKANSAS' Outstanding Teen

Promoting scholastic achievement, creative accomplishment, healthy living and community involvement for America's teens

ACCOMPANIMENT TAPE/CD PERMISSION RELEASE

Contestant Name _____ Title _____

EACH PERSON THAT PERFORMS ANY TASK IN THE PRODUCTION OF THE ACCOMPANIMENT TAPE MUST SIGN ONE OF THESE RELEASES. PLEASE MAKE AS MANY COPIES AS YOU NEED. MAKE COPIES OF THE SIGNED RELEASES FOR YOUR FILES AND SEND ORIGINALS TO THE MISS ARKANSAS PAGEANT.

I give my consent to the (name of local pageant) _____, the MISS ARKANSAS' OUTSTANDING TEEN PAGEANT, MISS AMERICA's OUTSTANDING TEEN PAGEANT and to any and all television companies for use of the talent accompaniment tape for (title of contestant) Miss _____.

Permission covers use in the local pageant, the Miss Arkansas' Outstanding Teen Pageant, the Miss America's Outstanding Teen Pageant, and/or any television companies and its agents and assigns, from any liability for any violation of any personal or property rights which I might have in connection with said recording, and waive any right to approve accompanying written or narrative material.

SIGNED _____ DATE _____
(Signature of Producer)

I represent that I am of full legal age.

SIGNED _____ DATE _____
(Signature of Contestant)

If I am not of full legal age, consent is hereby given by my parent or guardian.

SIGNED _____ DATE _____
(Signature of Parent or Guardian)

SIGNED _____ DATE _____
(Signature of Parent or Guardian)

STATE OF _____ :

COUNTY OF _____ :

Subscribed and sworn before me this _____ day of _____, 200 _____.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

SEAL