



15th Annual  
LEXINGTON BLUEBERRY FESTIVAL  
August 17-20, 2017

**Baby Miss, Wee Miss, Little Miss, Jr. Miss, Miss & Miss Teen Blueberry  
Pageant Application**

Full Name \_\_\_\_\_

Age (as of 08/17/17, please attach birth certificate) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

School or Day Care \_\_\_\_\_ Grade \_\_\_\_\_

Fathers Name \_\_\_\_\_

Mothers Name \_\_\_\_\_

Hobbies or Activities You Are Involved in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that the information on this application is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Contestant Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone Number

**Entry Fee \$40.00** (Make checks payable to the "Lexington Blueberry Festival of Ohio")

Entry not Valid until fee is paid. Payment must be received by August 1, 2017

**NOTE: Pageant is Limited to 25-30 Entries per Age Groups!!**

**\*\*\* NOTE: Entry fee \$50.00 AFTER August 1, 2017 \*\*\***

Send Application (attach birth certificate), Waiver of Liability Form and Medical Release Form/Media Information Sheet to:

Lexington Blueberry Festival of Ohio

c/o Amber Cleland

403 Fox Road Lexington, Ohio 44904

Amber Cleland (419) 884-7442 or (419) 571-6971

[lexblueberrypageant@yahoo.com](mailto:lexblueberrypageant@yahoo.com)

**Office use only:**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Paid: \_\_\_\_\_



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**Waiver of Liability**

*In consideration of inclusion as a participant in the 2017 Lexington Blueberry Festival of Ohio, participant agrees to indemnify and hold harmless the Village of Lexington, the Lexington Blueberry Festival of Ohio directors, members, agents, employees, representatives and assigns from and against any liability, loss, costs, demand, claims, fines, debts, or judgments that participant or participant's members, performers, employees, agents, independent contractors, volunteers or customers may sustain or incur as a result of or arising from participant's involvement in the Lexington Blueberry Festival of Ohio. Such indemnification will include all reasonable attorney and legal fees. I agree to venue in Richland County, Ohio.*

*In addition, participant stipulates that the Lexington Blueberry Festival of Ohio, its agents, employees and representatives have made no representations, promises or guarantees regarding the condition, safety or suitability of any location or equipment provided for any purpose or use of any kind and participant uses said location and equipment at their own risk.*

**By signing this waiver of liability, I the undersigned, agree that I have read and understand all of the foregoing. I further agree that I and my organization will comply with all festival rules, regulations and be bound by the decisions of the Lexington Blueberry Festival of Ohio.**

\_\_\_\_\_  
CONTESTANT NAME

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
CELL PHONE NUMBER

\_\_\_\_\_  
DATE

<p><i>Office use only:</i> Received By: _____ Date: _____</p>
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**Pageant Contestant Medical Release Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Medical information that may affect activities: \_\_\_\_\_

\_\_\_\_\_

In my absence, should the need arise while she is participating in the Baby Miss, Wee Miss, Little Miss, Jr. Miss, Miss or Miss Teen Blueberry Festival Pageant, I hereby authorize, consent and direct the Lexington Blueberry Festival of Ohio, its representative, or any physician, hospital or other health care provider selected by the organization to take such action as is necessary in the circumstances to provide emergency care and related treatment of the above named. I hereby designate the Lexington Blueberry Festival of Ohio, or its director, my authorization agent for the signing of consent forms required by such health care providers in connection with such health care.

Health Insurance ID Number \_\_\_\_\_ Group # \_\_\_\_\_

Name of Health care insurance provider: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**Pageant Contestant Media Information Sheet**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

I authorize the above named child to be photographed, quoted or other likeness used for the promotion of the Lexington Blueberry Festival of Ohio and its activities.

Signature of Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_

***Office use only:***

**Received By:** \_\_\_\_\_

**Date:** \_\_\_\_\_