



2026 Miss Blueberry Pageant Application

Pageant Date: Saturday, August 8, 2026 | Crowning Date: Thursday, August 20, 2026
Questions may be directed to Amber Cleland at (419) 914-0914 or pageant@lexblueberryfest

Complete and return this application with the entry fee, birth certificate, waiver, medical release, and media sheet.
Applications are not complete until all required materials and payment are received by the deadline.

Pageant Date: Saturday, August 8, 2026 | Crowning Date: Thursday, August 20, 2026

Entry Fee & T-shirt: \$65.00 | Payment due by July 18, 2026 | After July 18, 2026: \$85.00

Note: Pageant is limited to 25-30 entries per age group. Entry is not valid until fee is paid.

Contestant Information

Contestant Name _____

Age (as of 08/08/26; attach birth certificate) _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

School or Day Care _____ Grade _____

Father's Name _____

Mother's 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.

Parent / Guardian Signature

Date

Cell Phone Number

T-Shirt Size (FREE)

Submission Information

Send application, birth certificate, waiver, medical release/media sheet, and payment to:

Lexington Blueberry Festival of Ohio | c/o Amber Cleland | 403 Fox Road, Lexington, OH 44904
Amber Cleland (419) 914-0914 | pageant@lexblueberryfest.com



2026 Miss Blueberry Pageant Waiver

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Review this waiver carefully before signing. It covers participation in the Miss Blueberry Pageant, crowning activities, and related Lexington Blueberry Festival events, including the release and indemnification terms.

Waiver, Release, Assumption of Risk & Indemnification

Assumption of Risk. In consideration of being permitted to participate in, attend, appear in, rehearse for, travel to or from, or otherwise take part in the 2026 Miss Blueberry Pageant, crowning activities, and related Lexington Blueberry Festival of Ohio events, the contestant and parent/guardian acknowledge that participation may involve known and unknown risks, including personal injury, illness, emotional distress, property loss or damage, accidents, weather, stage or facility conditions, public-event conditions, photography/video activity, and acts or omissions of others. The parent/guardian voluntarily accepts all such risks on behalf of the contestant.

Release of Claims. To the fullest extent permitted by law, the contestant and parent/guardian release, waive, discharge, and agree not to sue the Miss Blueberry Pageant, the Lexington Blueberry Festival of Ohio, the Village of Lexington, Lexington Kiwanis, and their respective directors, officers, committee members, employees, agents, representatives, volunteers, sponsors, affiliates, successors, assigns, insurers, and anyone acting on their behalf, collectively the Released Parties, for claims, demands, damages, losses, liabilities, costs, attorney fees, judgments, or obligations arising from or related to Pageant or Festival participation, attendance, activities, judging, crowning, photographs, video, premises, equipment, or related operations.

Indemnification and Defense. The parent/guardian agrees to indemnify, defend, and hold harmless the Released Parties from and against any claims, damages, losses, liabilities, costs, attorney fees, judgments, fines, penalties, or obligations arising from the contestant's or parent/guardian's acts, omissions, negligence, misconduct, failure to follow rules or instructions, or participation in the Pageant, crowning activities, or Festival-related activities.

No Guarantees. The parent/guardian understands that the Released Parties make no promises, warranties, representations, or guarantees regarding the condition, safety, security, suitability, accessibility, supervision, judging result, location, facility, equipment, activity, stage area, waiting area, parking area, or assigned space. The contestant and parent/guardian accept all such conditions as is and at their own risk.

Rules and Authority. The contestant and parent/guardian agree to follow all Pageant and Festival rules, deadlines, instructions, safety requirements, conduct expectations, posted directions, and Committee decisions. The parent/guardian understands that participation, placement, eligibility, judging, scheduling, removal, and rule enforcement decisions are made by authorized Pageant or Festival representatives and are final to the fullest extent permitted by law.

Authority to Sign. By signing, the parent/guardian confirms they are the contestant's parent or legal guardian, are at least 18 years old, have authority to sign for the contestant, have read and understand this agreement, understand that certain legal rights are being waived, have had the opportunity to ask questions or seek legal advice, and sign voluntarily without coercion.

Governing Law. This agreement shall be governed by Ohio law. Any dispute or legal action related to this agreement, the Miss Blueberry Pageant, or Lexington Blueberry Festival of Ohio participation shall be brought in the appropriate court located in Richland County, Ohio, unless otherwise required by law. If any part is found invalid or unenforceable, the remaining portions shall remain in effect to the fullest extent permitted by law.

Acknowledgment

I have read and reviewed this Waiver, Release, Assumption of Risk, and Indemnification Agreement and agree that it applies to the Miss Blueberry Pageant, crowning activities, and related Lexington Blueberry Festival of Ohio activities, requirements, instructions, application terms, and Committee decisions.

Contestant Name

Parent or Guardian Signature

Cell Phone Number

Date



2026 Miss Blueberry Pageant Medical Release Form

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Provide accurate medical, insurance, and emergency contact information for the contestant. This release authorizes necessary emergency care during pageant-related activities and must be returned with the application packet.

Medical Release

Contestant 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

Office Use Only

Received By

Date



2026 Miss Blueberry Pageant Media Release Form

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Complete this media release to allow the Lexington Blueberry Festival of Ohio to use the contestant's name, image, likeness, photographs, video, and submitted information for pageant, festival, promotional, and archival purposes.

Media Information Release

Contestant Name: _____

Address: _____

Mother's Name: _____

Father's Name: _____

I authorize the above named child to be photographed, filmed, videotaped, audio recorded, quoted, interviewed, and otherwise documented during the Miss Blueberry Pageant, crowning activities, and related Lexington Blueberry Festival of Ohio activities. I grant the Miss Blueberry Pageant and Lexington Blueberry Festival of Ohio, and their authorized representatives, the perpetual, worldwide, royalty-free right to use, publish, reproduce, display, distribute, edit, archive, and create derivative works from the contestant's name, image, likeness, voice, photographs, video, audio recordings, written or submitted information, and all related media, in any format or medium now known or later developed, including print, digital, website, social media, news, promotional, educational, historical, and archival materials. I waive any right of inspection, approval, payment, royalties, or compensation, and release the Pageant and Festival from claims related to the permitted use of such media, to the fullest extent permitted by law. This permission is intended to continue in perpetuity.

Signature of Parent / Guardian

Date

Office Use Only

Received By

Date

Submission Reminder

Return this Media Information Sheet with the completed Pageant Application packet, including the waiver, medical release, birth certificate, and entry fee.