

Farpoint Masquerade Release Form

This form must be filled out and signed by all contestants before you can compete in the Masquerade.

If your presentation involves more than one person, they must be included on this release and sign this form themselves. Large groups may use more than one form. Contestants under the age of eighteen (18) years of age must have the signature of either their parent(s) or guardian(s).

Costume Title: _____

Number of Entrants: _____

“I, the undersigned, have read and understand the rules of the Masquerade event in which I am participating and agree to abide by them. I understand that failure to abide by these rules and regulations could result in my disqualification, removal of my convention badge, and/or expulsion from the convention. This is at the sole and absolute discretion of Farpoint Enterprise, Inc. I understand that Farpoint Enterprises, Inc. shall not be responsible for injury to person or injury/theft of property incurred while participating in the Masquerade. Participation in the Masquerade shall be at my own risk and expense. I agree to allow my costume and presentation to be recorded for the fundraising efforts of Farpoint Enterprises, Inc.”

Entrant/Parent/Guardian Signature: _____ Date: _____

Entrant's Name: _____ Badge #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Please Print All Information Legibly

Entrant/Parent/Guardian Signature: _____ Date: _____

Entrant's Name: _____ Badge #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Please Print All Information Legibly

(Additional Information Spaces on Reverse Side)

Entrant/Parent/Guardian Signature: _____ Date: _____

Entrant's Name: _____ Badge #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Please Print All Information Legibly

Entrant/Parent/Guardian Signature: _____ Date: _____

Entrant's Name: _____ Badge #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Please Print All Information Legibly

Entrant/Parent/Guardian Signature: _____ Date: _____

Entrant's Name: _____ Badge #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Please Print All Information Legibly

Entrant/Parent/Guardian Signature: _____ Date: _____

Entrant's Name: _____ Badge #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Please Print All Information Legibly