



## Teen Star Parental Consent Form

**IF CONTESTANT IS UNDER THE AGE OF 18 YEARS, THE PARENT OR LEGAL GUARDIAN OF SUCH PERSON MUST SIGN THIS PARENTAL CONSENT. THIS FORM MUST BE PRINTED, SIGNED AND PROVIDED TO FIRST COLUMBIA BANK EITHER BEFORE AUDITIONS OR AT THE AUDITIONS IN ORDER TO AUDITION. CONTESTANTS WILL NOT BE ABLE TO AUDITION WITHOUT PARENTAL/GUARDIAN SIGNED PERMISSION.**

I warrant that I am the parent and/or legal guardian of \_\_\_\_\_, the individual who electronically signed the 2019 Teen Star Registration Form ("the Minor") and after personally reading and understanding the Contest Rules and Details, available at [www.firstcolumbiabank.com](http://www.firstcolumbiabank.com), I have caused the Minor to sign it. I agree to the terms and conditions for the Minor's participation in the First Columbia Teen Star Musical Competition, including the right of First Columbia Bank & Trust Co. (the "Bank") to take photographs, videos and sound recordings of the Minor. I will not instruct, authorize or permit the Minor to disaffirm the agreement. I will indemnify and hold harmless the Bank, its agents, employees and authorized representatives (the "Released Parties") against all claims, liabilities, and expenses (including claims by or on behalf of the Minor) that may be made against any of the Released Parties with respect to the agreement. Being aware of the Released Parties' reliance on my agreement, I agree to cause the Minor to adhere to all of the provisions of the agreement. I agree that I will be responsible for the conduct and well-being of the Minor at all times during the Minor's participation in the Teen Star Musical Competition.

*I acknowledge that the Minor has the chance to win a monetary award (up to \$2,000). I also acknowledge that by competing, the Minor's name and likeness will be used for publicity and other purposes without compensation, unless prohibited by law.*

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

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

Relationship to Minor: \_\_\_\_\_

**Medical Waiver: In case of emergency, I give permission for medical attention to be sought for \_\_\_\_\_ (Contestant's Name).**

**Note to Contestant: Please be sure to bring this signed form with you to auditions. You may also email, fax, or mail signed parental consent form in advance.**

Mail: First Columbia Bank, Attn: Leslie Chyko, 232 East St. Bloomsburg, PA 17815

Email: [lchyko@firstcolumbiabank.com](mailto:lchyko@firstcolumbiabank.com)

Fax: 570.387.4049

Questions: 570.387.3464