



Anime North Idol 2017 – Parent/Guardian Form

*This form must be signed and presented at the time of the audition along with the Audition Form.
The Director of Anime North Idol can be reached at anidolofficial@gmail.com*

As the (check one):

Parent Step-Parent Legal Guardian Social Worker

I give my consent to (PRINT NAME) : _____

Born on: _____

To (check all):

Participate in the auditions of Anime North Idol 2017.

Perform as a finalist for the main event if chosen as such.

Be videotaped and photographed by the convention staff and attendees.

I also give my consent to:

Allow any video footage or photographs of the child under my care to be shared, published and distributed on the internet and other media with no restrictions and/or monetary compensation.

Name of person giving consent (PRINT NAME) : _____

Signature of person giving consent: _____

Emergency Phone number: _____

I understand that submitting a false declaration will immediately disqualify me from the competition, remove any title or prize conferred upon me as part of the competition, and that I will not be allowed to participate in any future Anime North Idol competitions.

Name of the contestant (PRINT NAME) : _____

Signature: _____