

LIP SYNC CONTEST: WAIVER FORM

Performer Name and/or Group Name: _____ Age: _____

Email: _____ Phone: _____

1. Assumption of Risk and Waiver of Liability

I, the undersigned, understand that participating in the Ankeny Chamber SummerFest Lip Sync Contest involves physical movement (dancing, acting) and may involve costumes, which carry risks of injury. I voluntarily assume all risks associated with my participation. I hereby release, waive, and hold harmless Ankeny Chamber SummerFest from any and all claims, injuries, damages, or liabilities arising from my participation.

2. Media Release and Consent

I understand that the contest will be photographed, filmed, or otherwise recorded. I hereby grant Ankeny Chamber SummerFest the irrevocable right to use my name and performance in these recordings for promotional, marketing, or other purposes in any medium without compensation.

3. Performance Guidelines

I agree to abide by all rules, including song approval and appropriate, safe, and family-friendly performance content. I understand that failure to comply may result in disqualification or removal.

I have read, understood, and voluntarily signed this document.

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

Questions? Contact Us

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