The MEDICAL RELEASE FORM must be signed in order for your student to sing with us at the event (When completing the form please print legibly)

2027 Festival Group Registration / Consent Form

Individual Registration form is online at https://loldistrict.org/harmony-on-the-river

First Name: _____ Last Name: _____

Voice Group: Treble ◯ Bass ◯ Voice Part: _____
(Lead, Tenor, Bari, Bass, Unsure)

School District: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____
Learning tracks and music will be emailed to you with a confirmation of registration

Parent/Guardian Names(s): _____

T-shirt Size: S ◯ M ◯ L ◯ XL ◯ XXL ◯ Other ◯ Notes: _____

Date: January 8th 2027

Location: UW-River Falls
University Center Building

Registration: 8:30 to 9:00am

NOTE: Lunch is provided but if the student has special dietary needs please bring a bag lunch or contact Steve Osero at the number below and a conversation can be had with UW-RF to find out if options are available.

This form is to aid the school teacher or group leader in filling out the group registration form. This form should be returned back to the school teacher or group leader. Payment may be made directly to the school or, if the Teacher/ Leader asks that a check be made out directly to the festival please write check to: Indianhead Barbershop Chorus

Questions can be directed to the School Teacher / Group Leader or to Festival Leadership:
Steve Osero: sosero@performance-molding.com Steve's cell: (715) 554-1492



Consent for Picture/Video Release

As the parent/guardian of the registered Harmony on the River student, or the actual registered student age 18 or older, I hereby give my permission for him/her to participate in this Festival and performance opportunity sponsored by Sweet Adaline's International Region 6, The Land O' Lake District of the Barbershop Harmony Society and it's affiliated chaptors/organizations. I also agree to the following:

• I agree to release Sweet Adelines International Corporation, The Barbershop Harmony Society, and any and all of their agents from any and all liability arising from or in any manner related to her transportation to, attendance at, or participation in, any event.
• I, the registered singer being the age of 18, or parent/guardian of the registered singer, hereby give permission for Sweet Adelines International, The Barbershop Harmony Society, and any of its affiliated organizations, including, but not limited to its regions and chapters, to use the name of my child and/or photographs/artwork/videotapes/electronic representations and/or sound recordings of my child on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media.
• Furthermore, I hereby consent that such photographs / artwork / videotapes / electronic representations and/or sound recordings shall be the property of Sweet Adelines International, The Barbershop Harmony Society, and any of its affiliated organizations. They shall have the right to duplicate, reproduce and make other uses of such photographs/artwork/ videotapes/electronic representations and/or sound recordings as they desire free and clear of any claim whatsoever on my part. • All rights to fees, commissions, royalties, or profits received as the results of the distribution, sale, or lease of the recordings in any form are assigned to Sweet Adelines International, The Barbershop Harmony Society, and any of its affiliated organizations to be used in any manner consistent with the purpose of Sweet Sweet Adelines International, The Barbershop Harmony Society, and any of its affiliated organizations.

Consent for Medical Treatment

I also authorize medical personnel to administer treatment or procedures that in their judgment may be necessary for the registered singer:

☐ I agree to the Consent for Picture/Video Release Statement

☐ I agree to the Consent for Medical Treatment Statement

Signature of Parent/Guardian/Student age 18 or older: _____
Type name if filling form out online.

Medical Information

You will be notified should it become necessary to refer the above named to a medical facility.

Date of Birth of Registered Singer: _____

Medical Center student visits: _____

Physician's Name: _____

Name of Insurance Company the Student is covered by: _____

Group/Policy Number: _____

Special Medical Information (optional) If you need to make us aware of any special medical conditions: