

Release Form

Greenfield Music Festival's Cutest Baby Contest

I give my child, _____, permission to participate in the Greenfield Music Festival's Cutest Baby Contest and to have his or her photograph be taken by local media, representatives of Greenfield Skilled Nursing and Rehabilitation and other audience members. I also give my permission to have my child's photo or likeness be published in local newspapers, websites, newsletters, social media, or any material relating to Greenfield Music Festival or Greenfield Skilled Nursing and Rehabilitation.

I also understand and agree that I will not hold the Greenfield Music Festival or Greenfield Skilled Nursing and Rehabilitation or any of its employees or representatives responsible for any damages or injuries that may occur during the Cutest Baby Contest.

****PLEASE READ BEFORE SIGNING****

Name: _____ Date: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____