



# GREENFIELD MUSIC FESTIVAL

## Cutest Baby Contest Entry Form

Hosted by Greenfield Skilled Nursing and  
Rehabilitation

Registration begins at 8 am on Saturday June 8, 2024 at the main  
stage, Competition starts at 9 am

Please Print

Child's Name \_\_\_\_\_

Parent (s) \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Check Category

0-6 months \_\_\_\_ Girl \_\_\_\_ Boy

7-12 months \_\_\_\_ Girl \_\_\_\_ Boy

13-18 months \_\_\_\_ Girl \_\_\_\_ Boy

19-24 months \_\_\_\_ Girl \_\_\_\_ Boy

25-30 months \_\_\_\_ Girl \_\_\_\_ Boy

31-36 months \_\_\_\_ Girl \_\_\_\_ Boy

**\*\*There is a \$5 entrance fee for each child. Please fill out this form and  
return to Greenfield Skilled Nursing and Rehab with the entry fee, no  
later than May 31, 2024, at 5pm.\*\***

# 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: \_\_\_\_\_