

**Mission Statement:** Mountain Harmony Camp is dedicated to forming a safe and supportive environment for every girl to freely explore her voice and expand her creativity while discovering the joy of a cappella singing through high quality education in Barbershop style harmony.

|                   |               |
|-------------------|---------------|
| Name:             | Birthdate:    |
| Address:          | Driver Lic #: |
| City, State, Zip: |               |

| Contact #s  |                    |
|-------------|--------------------|
| Cell phone: | Home / Work phone: |
| Email:      |                    |

| Sweet Adelines only: If applying as Staff you must be an International and Region 12 dues paying member |   |
|---|---|
| Check membership status: <input type="checkbox"/> Region 12   | <input type="checkbox"/> Chorus Name:             |
| <input type="checkbox"/> Chapter at Large   | <input type="checkbox"/> Registered Quartet Name: |

| Education / Experience   |
|--|
| List any Education & Experience qualifying you to work with teens / young singers; |
|  |
|  |

| Employer          | If retired or unemployed - check box and list last employer <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed |
|-------------------|--|
| Company Name:     | Job Title:   |
| Address:          | Phone:   |
| City, State, Zip: | Dates employed:  |
| List your duties: |  |

| Reference #1 | Please list one PERSONAL reference we may contact; (not a relative) |
|--------------|---|
| Name:        | Relationship to you:  |
| Address:     | City, State, Zip:   |
| Cell phone:  | How long have they known you?                                       |
| Home phone:  | Work phone:   |

| Reference #2 | Please list one PROFESSIONAL reference we may contact; (not a relative) |
|--------------|---|
| Name:        | Relationship to you:  |
| Address:     | City, State, Zip:   |
| Cell phone:  | How long have they known you?   |
| Home phone:  | Work phone:   |

| Meal Requirements  |
|--|
| <b>Please check any special meal requirements:</b> <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan |
| Other:   |

| Check your T-shirt Size:   |
|--|
| <input type="checkbox"/> Child XLg <input type="checkbox"/> Sm Adult <input type="checkbox"/> Med Adult <input type="checkbox"/> Lg Adult <input type="checkbox"/> XLg Adult <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X |

**Emergency Contact**

|                   |               |
|-------------------|---------------|
| Contact Name:     | Relationship: |
| Address:          | Phone #       |
| City, State, Zip: | Phone #       |

**You may list any medical/prescription drug information a first responder would need to know about you. Information will be kept confidential.**

**Release of Claims**

I acknowledge that I am participating in Sweet Adeline International's, Region 12, Young Women in Harmony Program's, **Mountain Harmony Camp**, further known as (the Event), **Nov. 22-24,2024, at Walker Creek Ranch, Petaluma, CA**, on my own accord. I give this acknowledgement freely, and knowingly, and I represent and warrant to you that I am physically and mentally fit, and that as a result, am able to participate, and I do hereby assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages, or loss, regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Event. In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I may have as a result of participation in the Event against Sweet Adelines International and further agree to indemnify, defend, and hold harmless Sweet Adelines International, its directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs, arising out of, or in any way connected with my participation in the Event.

Participant's Signature **(required)**

Print Name

Date

**Photo/Recording Release**

I hereby give permission for Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use my name and/or photographs/artwork/videotapes/electronic representations and/or sound recordings on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media. I hereby consent that such photographs/artwork/videotapes/electronic representations and/or sound recordings shall be the property of Sweet Adelines International and any of its affiliated organizations. They shall have the right to duplicate, reproduce, and make other uses of such 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, to be used in any manner consistent with the purpose of Sweet Adelines International.

Participant's Signature **(required)**

Print Name

Date

All forms may be submitted by the following;

- Online via our website: [www.mountainharmonycamp.org](http://www.mountainharmonycamp.org)
- Emailed to: [csharpadeline@gmail.com](mailto:csharpadeline@gmail.com)
- Postal mailing address: Mt. Harmony Camp c/o Cyndi Sharp  
4125 Modoc Ct.  
Concord, CA 94521
- For questions call Cyndi Sharp: 925-639-2963