Miss New Westminster Ambassador Programme

Parent Consent Form

I, _____have read the rules and regulations of the Miss New Westminster Ambassador Programme and along with my daughter, will abide by them and by such other additional or amended rules and regulations which may hereinafter be declared by the Hyack Festival Association.

I hereby agree that the time, manner and method of judging the Miss New Westminster Ambassador Programme shall be solely within the discretion of the New Westminster Hyack Festival Association and that the decision of the Judges shall be final.

I agree that, as an Ambassador of the programme, I will not allow my daughter to sign a management contract with any individual or corporation and I will not give any written consent or verbal endorsement of any mercantile commodity or commercial organization, nor will I permit my daughter's photograph to be used in connection with any advertised commodity or service not associated with this programme without prior written permission from the Hyack Festival Association.

If at any time, my daughter is unable to fulfill her commitment to the Ambassador Programme in any way, I agree to be held responsible for the full $650.00 sponsorship fee. I agree to pay this fee in full upon request of the Hyack Festival Association.

The Hyack Festival Association and Ambassador Programme Committee will not be responsible for chaperoning Candidates to and from the regular Monday night meetings at Glenbrook Middle School. Candidates are encouraged to arrange car pools.

Parents/Guardians may be asked by the Hyack Festival Association to chaperone to some of the local events attended by the Candidates/Ambassadors.

I hereby give my permission to allow my daughter to participate in the Miss New Westminster Ambassador Programme.

APPLICANTS NAME_____
first middle last

_____ _____
Signature of Candidate Date

_____ _____
Signature of Parent/Guardian Print name of Parent/Guardian

_____ _____
Address of Parent/Guardian Telephone Number of Parent/Guardian

_____ _____
Signature of Witness Print name of Witness

If you have any questions regarding any of the above, please contact:
Chantel McIntyre, Co-ordinator, at 604 521-8523