



Springfield Hospital

Where People Come First

2024 Apple Blossom Application for Both Children

Must be received by 5:00 pm, Friday, January 19, 2024

Girl's Information

Name _____
(First) (Middle) (Last)

School and Grade _____ Date of Birth _____

Mailing Address _____
(Street)

(City, State, Zip code)

Names of Parent(s)/Guardian(s) *(to be announced at the Apple Blossom)*

Parent's Cell/Phone _____ Parent's Email _____

Parent's Mailing Address if different than contestant _____

Consent Form – Girl Participant

Your/your minor child's participation in the Apple Blossom may be included in content that is broadcast on SAPA-TV and other social media platforms and channels.

Please complete this form indicating that you approve you/your minor child being featured on SAPA-TV and other social media platforms and channels.

Please Initial:

_____ I grant Apple Blossom organizers and their successors and assigns the right to record my/minor child's image and/or voice on videotape, on film, in photographs, in digital media and in any other form of electronic or print media and to edit such recording in their discretion and air the same on SAPA-TV, other channels, and social media platforms.

_____ I hereby release the Apple Blossom organizers and their successors and assigns, from using my/my minor child's image and/or voice and from any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by reason of any use thereof.

I have had an opportunity to have all of my questions answered to my satisfaction.

Printed Name of Participant: _____

Participant Signature: _____

Date: _____

Printed Name of Parent/Guardian of Participant (if a minor):

Parent/Guardian Signature: _____

Date: _____

Boy's Information

Name _____
(First) (Middle) (Last)

School and Grade _____ Date of Birth _____

Mailing Address _____
(Street)

(City, State, Zip code)

Names of Parent(s)/Guardian(s) *(to be announced at the Apple Blossom)*

Parent's Cell/Phone _____ Parent's Email _____

Parent's Mailing Address if different than contestant _____

Consent Form - Boy Participant

Your/your minor child's participation in the Apple Blossom may be included in content that is broadcast on SAPA-TV and other social media platforms and channels.

Please complete this form indicating that you approve you/your minor child being featured on SAPA-TV and other social media platforms and channels.

Please Initial:

_____ I grant Apple Blossom organizers and their successors and assigns the right to record my/minor child's image and/or voice on videotape, on film, in photographs, in digital media and in any other form of electronic or print media and to edit such recording in their discretion and air the same on SAPA-TV, other channels, and social media platforms.

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I have had an opportunity to have all of my questions answered to my satisfaction.

Printed Name of Participant: _____

Participant Signature: _____

Date: _____

Printed Name of Parent/Guardian of Participant (if a minor):

Parent/Guardian Signature: _____

Date: _____