



Springfield Hospital

Where People Come First

2024 Apple Blossom Applications for Contestants & Their Partners

Must be received by 5:00 pm, Tuesday, December 19, 2023

Contestant's Information

Name _____
(First) (Middle) (Last)

Preferred Pronoun _____

School _____ E-mail _____

Date of Birth _____ Cell/Phone _____

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 - Contestant

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: _____

Contestant's Name _____

Personal Statement: *Please tell us why you want to participate in the Apple Blossom. Parts of your statement may be shared in the event's program.*

Partner's Information

Name _____
(First) (Middle) (Last)

Preferred Pronoun _____

School _____ E-mail _____

Date of Birth _____ Cell/Phone _____

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 - Partner

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.

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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: _____