

CONTESTANT EARLY ENTRY FORM

Presented by StarPowerOne Entertainment Corporation

ALL ENTRIES ARE NONREFUNDABLE AND NONTRANSFERABLE.

Please note: You must be female and at least 18 years of age to enter.
Please fill out the following forms, and make sure to sign the bottom of the page 2.

PLEASE CHOOSE YOUR CLASS

Bikini Model

Athletic Swimsuit Model

Fitness Model

DETAILS

FIRST NAME: _____

LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ POSTAL CODE (ZIP CODE): _____

PROVINCE (STATE): _____ COUNTRY: _____

PHONE NUMBER: () - DATE OF BIRTH: (YYYY/MM/DD)

EMAIL ADDRESS *IMPORTANT*: _____

TRAINER NAME (for Top Trainer award): _____

INFORMATION ABOUT YOU (for MC to read while announcing): _____

CHECK HERE IF YOU'VE ALREADY PAID ONLINE THROUGH PAYPAL

OTHERWISE... MAIL PAYMENT BY CHEQUE OR MONEY ORDER

Early Entry Fee: \$209.99 + 5% GST + 9.975% QST = \$241.44

Please make cheque or money order payable to "Starpowerone Entertainment Corporation"
and mail to:

Starpowerone Entertainment Corporation
2339 Ogilvie Road
PO Box 46042
Gloucester, ON K1J 9M7

July 14-15, 2017 at Canadian Museum of Civilization
100 Laurier Street, Gatineau, QC K1A 0M8



ACCIDENT WAIVER, MODEL RELEASE AND RELEASE OF LIABILITY

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I acknowledge that there are risks with any activity that could result in death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors and/or producers of the event; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver, Model Release and Release of Liability (AWMRRRL) form will be used by Starpowerone Entertainment Corporation (owners of the SAF competitions) and the sponsors of the event in which I may participate and it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: STARPOWERONE ENTERTAINMENT CORPORATION, and their directors, officers, employees, volunteers, representatives and agents, the event sponsors and event volunteers, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event or related activities I may be photographed or videotaped. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

I also understand that Starpowerone Entertainment Corporation will be photographing and videotaping this event and potentially offering photographs and videos (including DVDs) for sale. I agree that Starpowerone Entertainment Corporation owns the copyright in these photographs and video footage and I hereby waive any claims I may have based on any usage of the photographs or works derived therefrom, including but not limited to claims for either invasion of privacy or libel. I also waive any right to inspect or approve the photographs or videos.

This AWMRRRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document, that I am of full age and competent to sign this release, and I understand its content.

Print Name _____

Age _____

Signature _____

Date _____