

**REGION 17 YWIH  
PARENT/GUARDIAN AGREEMENT  
YOUNG WOMEN IN HARMONY  
QUARTET COMPETITION**



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I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
Hereby give my permission for her to participate in the Region 17th Rising Star  
Young Women In Harmony Quartet competition and activities and agree to the  
following:

1. I understand that I shall be legally and financially responsible for her Participation in the event, including registration fee, lodging, meals, photography if applicable.
2. I shall be responsible for arranging transportation to and from the activities set for in Item 1 of this agreement.
3. I agree to be responsible of any and all expenses related to her participation in the Region 17 YWIH Quartet Competition including but not limited to travel, hotel accommodations, costumes, and makeup.
4. I agree to accompany her to the Region 17 YWIH Quartet Competition. In the event I cannot accompany her as agreed to the event, she may be accompanied by a sponsor or chaperone, approved by me.
5. In the event she is accompanied to any event by a sponsor or chaperone, agree to provide the sponsor or chaperone with a Region 17 Rising Star Emergency Medical Form approved by Region 17.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved Chaperone if Applicable