

20__ CONTESTANT RELEASE AND IDEMUNITY AGREEMENT

I, _____ a contestant in the 20__
_____ PAGEANT do hereby knowingly and voluntarily release the Miss
Alaska Scholarship Foundation Organization and local **Organization**, their Officers, Directors,
Trustees, Judges and Employees and any others person, firm, individual or corporation charged or
chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns
from and against any and all claims, lawsuits, demands, damages, loss of service, actions and causes of
action based upon, arising out of, or in any way related to any honors, rights, or awards sought by me as a
contestant in the 20__ _____ PAGEANT, the conduct of business thereat, the
ownership and possession of any honors, rights, or awards thereby, any negligent act, act of misfeasance or
nonfeasance by the referenced pageant, or any of their agents, contractors, servants, employees or
licensees, in conjunction with any honors or awards bestowed at said listed above from any and all claims
that exonerate, hold harmless and indemnify such pageant listed above from any and all claims that I or my
representative may have against such honors, rights and awards. Such indemnification to include any or all
fees (including reasonable attorney’s fees), costs and other expenses reasonably incurred by or on behalf of
the above actions or causes of action. I have had a full and adequate opportunity to be thoroughly advised
of the terms and conditions of this release and indemnity agreement by counsel of my own choosing. I
have also been afforded the opportunity to ask any and all questions that I have concerning this document
and its execution by me. I do fully understand if selected Miss _____, I
will agree to enter into a Management Contract. I do fully understand the terms of this agreement and do
intentionally and voluntarily agree to same.

Signature (Contestant)

Signature(s) (Parent[s]/Guardian[s] of Contestant)

**NO CONTESTANT MAY COMPETE IN ANY AREA OF COMPETITION IN THE MISS
ALASKA/AMERICA’S ORG UNTIL THIS DOCUMENT IS COMPLETED.**

STATE OF _____ COUNTY OF _____ Sworn To, Subscribed and
Acknowledged before me on _____ day of _____, 20____, by
_____ who is/are personally known to me or who
has/have produced valid identification. Personally Known _____ OR Produced Identification
_____ Type of Identification Produced

NOTARY PUBLIC

(SEAL)

Notary Print Name My Commission Expires
