

2024 TIMC Participant Release Forms

A medical release form and photo/publicity release form must be signed by all participants or parent/guardian of participants under age 18. Additional copies of this page can be printed.

Photo, Film, Publicity Release (under 18 years)

Participant's Name

I give Tucson International Mariachi Conference/La Frontera Arizona and La Frontera Center, its nominees, agents, assigns and media representatives, unlimited permission to use, publish, and republish information about me and reproductions of my likeness (photographic or otherwise) and/or voice, related to my affiliation with Tucson International Mariachi Conference & La Frontera Center, with or without my name, for any lawful purposes related to the promotion, gift/grant stewardship, or advocacy purposes of the agency/organization.

Parent or Guardian's Signature

Date

Medical Release Form (under 18 years)

Participant's Name

I understand that the La Frontera Tucson International Mariachi Conference does not provide insurance coverage for medical care my child may need because of his/her participation in all the events of the LFTIMC, May 1 - May 3, 2024. I further understand that there are certain risks and hazards that may arise in the course of this activity, including accidents or illness. I hereby assume the inherent risks and hazards of this activity. Acknowledgment of Risk Factors for Participant: I acknowledge that the Laws of the State of Arizona would govern any claims for damages against the La Frontera Tucson International Mariachi Conference.

Parent or Guardian's Signature

Date

Photo, Film, Publicity Release (18 years or older)

Participant's Name

I give Tucson International Mariachi Conference/La Frontera Arizona and La Frontera Center, its nominees, agents, assigns and media representatives, unlimited permission to use, publish, and republish information about me and reproductions of my likeness (photographic or otherwise) and/or voice, related to my affiliation with Tucson International Mariachi Conference & La Frontera Center, with or without my name, for any lawful purposes related to the promotion, gift/grant stewardship, or advocacy purposes of the agency/organization.

Parent or Guardian's Signature

Date

Medical Release Form (18 years or older)

Participant's Name

I understand that the La Frontera Tucson International Mariachi Conference does not provide insurance coverage for medical care I may need because of my participation in all the events of the LFTIMC, May 1 - May 3, 2024. I further understand that there are certain risks and hazards that may arise in the course of this activity, including accidents or illness. I hereby assume the inherent risks and hazards of this activity. Acknowledgment of Risk Factors for Participant: I acknowledge that the Laws of the State of Arizona would govern any claims for damages against the La Frontera Tucson International Mariachi Conference.

Parent or Guardian's Signature

Date