



Dear Rising Stars & Families:

One of our Miss Klamath County's-Miss City of Sunshine's Outstanding Teen contestants has selected you to be her Rising Star for the upcoming pageant. We hope that you will have fun with her during the weeks leading up to November 19th. We are really looking forward to meeting you and having you grace our stage.

We wanted to send you a schedule of events so that you can plan for pageant week! First each little Rising Star will be escorting their contestant during the evening gown portion of the competition so each of you will need a fancy little party dress (tea-length to floor-length) in a color of your choosing, dress shoes and socks or tights. Please bring this entire outfit with you to the dress rehearsal. We will be making sure there aren't any

potential issues such as it being too long (we don't want you to trip on the gown when waking), or too short (the stage is above the audience so we want to make sure we can't see your underclothes) etc. You will then take it home and wear it to the pageant on Saturday.

Dress Rehearsal – Thursday, November 17, 2016

Mills Auditorium @ Mills Elementary School, 520 East Main Street

6:00 PM – 7:00 PM

Please park in the fenced-in parking lot located on the west side of the building (the entrance is on Owens Street) and use the door that is accessible by the handicapped ramp. It will probably work best if you wear your pageant day dress that evening so we don't have to take up time with changing clothing. You will be able to practice walking the stage with your contestant and will learn how to get on and off the stage. We will also be having a fun little presentation before we dismiss all of you for the evening. There are no cameras or recording equipment allowed in the theater.

Pageant Day – Saturday, November 19, 2016

Mills Auditorium @ Mills Elementary School, 520 East Main Street

1:15 PM – 1:30 PM Arrival Pageant Begins at 2:00 PM

Parents please bring your little star to the same door on the west side of the building that you used on dress rehearsal night. You will be met at the door by our Rising Star coordinator, Gail, will take your little one from you. Parents will not be allowed in the auditorium at that time. Please go to the front of the building (the south side) and wait in line for the opening of the doors at 1:45 PM. The Rising Stars will all sit together during the pageant. The little girls will be featured in the second half of the show with their contestants. After the crowning we would ask that you please come to the Rising Star seating area to pick up your daughter.

Bits & Pieces

Cameras and recording equipment are **not** allowed in the theater.

Our official photographer will be taking photographs during the pageant and they will be for sale at a nominal price. Be sure to pick up an order form.

Occasionally a little girl will become antsy during the pageant. If this happens to your daughter we will ask that you please come and get her from the Rising Star seating area and take her to sit with you where she will be more comfortable.

Again, we are looking forward to meeting all of you and having you as an important part of our Outstanding Teen Pageant. If you have any questions please do not hesitate to contact one of us

Sincerely Yours,

Cindy Owens & Cheri Sandberg, Executive Directors

Miss Klamath County's-Miss City of Sunshine's Outstanding Teen Scholarship Pageant

(541) 891-0080 Cindy

(541) 281-1819 Cheri



PARTICIPATION RELEASE, WAIVER, AND INDEMNITY AGREEMENT

WHILE THE WOMEN'S SCHOLARSHIP FOUNDATION OF KLAMATH COUNTY (MISS KLAMATH COUNTY-MISS CITY OF SUNSHINE SCHOLARSHIP PAGEANT/RISING STAR PROGRAM) MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED, AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD WHO WISHES TO PARTICIPATE IN RISING STAR ACTIVITIES.

I, the undersigned, give permission for my daughter to participate in the activities that occur while at Rising Star practice or during any activity associated with her Rising Star participation. These activities include but are not limited to, strenuous dancing or exercising, modeling, clothing fittings, riding in cars, vans or busses, etc. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur. Although the Women's Scholarship Foundation of Klamath County (Miss Klamath County-Miss City of Sunshine Scholarship Pageant/ Rising Star Program) has taken reasonable steps to provide supervision so your child can participate in activities, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to certain settings and the unique character of some activities. The same elements that contribute to the character of these activities can be the cause of loss or damage to your property, accidental injury or illness or, in extreme and rare cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

I, on behalf of myself, my children, my assigns, and my estate, agree to release and hold harmless, the Women's Scholarship Foundation of Klamath County (Miss Klamath County-Miss City of Sunshine Scholarship Pageant/ Rising Star Program) its officers, Board, agents, or employees for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring as a result of her participation in the Rising Star program. This release does not apply to intentional and/or willful acts of misconduct by the Women's Scholarship Foundation of Klamath County (Miss Klamath County-Miss City of Sunshine Scholarship Pageant/ Rising Star Program) or any of its officers, Board, agents, or employees. Should the Women's Scholarship Foundation of Klamath County (Miss Klamath County-Miss City of Sunshine Scholarship Pageant/ Rising Star Program), or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold the Women's Scholarship Foundation of Klamath County (Miss Klamath County-Miss City of Sunshine Scholarship Pageant/ Rising Star Program) harmless for all such fees and costs.

By signing this document, I acknowledge that, if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against the Women's Scholarship Foundation of Klamath County (Miss Klamath County-Miss City of Sunshine Scholarship Pageant/ Rising Star Program) on the basis of any claim, which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it and agree to be bound by its terms.

Child's name _____

Parent or guardian signature _____

Date _____

Print name _____

Relationship to child _____

**RISING STAR APPLICATION AND
MEDICAL/ LIABILITY RELEASE**

Name _____ Age _____ Date of Birth _____

Address _____ City/State _____ Zip: _____

School _____ Grade _____

Hobbies _____

Contestant for whom you will be a Rising Star: _____

Parents Name: _____

Home phone (_____) _____ Cell phone: (_____) _____

In emergency, notify _____ Phone: (_____) _____

Family Physician _____ Phone: (_____) _____

Health History: (please circle that which apply)

Drug Allergies Food Allergies Insect Stings Heart Condition Seizure Disorder

Behavior Disorder Asthma Physical Handicap Stomach Problems Diabetes

Other _____

If any of the above are circled, please give details (e.g. include normal treatment of allergic reactions): _____

Date of last tetanus shot: _____

Name, dosage, and frequency of any medications that must be taken regularly or as needed: _____

If you have medical insurance, your carrier will be billed for medical charges in the event of illness or injury while your child is participating in a Rising Star activity. Do you have health insurance? Yes _____ No _____

Insurance Company: _____ Policy Number _____

Address _____

MEDICAL RELEASE: In the event I cannot be reached in an emergency during November 17, 2016 or November 19, 2016 I hereby give my permission to the physician or dentist selected by Rising Star staff to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize any nurse/EMT on duty to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release

Parent or guardian signature _____

Relationship to child _____

Print Name _____

Date _____