

# Washington's Birthday Celebration

## Official Mascot Waiver Form

Name: \_\_\_\_\_

(Attach copy of Texas Driver's License or Texas ID)

Contestant's E-Mail Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School/Workplace: \_\_\_\_\_

\*Please note all official mascots are subject to a criminal background check.\*



### Liability Waiver:

The undersigned hereby releases and forever discharges the Washington's Birthday Celebration Association, WBCA sponsors and affiliated organizations, their officers, directors, employees, agents and volunteers from any and all liability, claims, damages, demands, actions, losses (including attorneys' fees), causes of action or suits arising out of any injury, known or unknown, which has resulted or may in the future result from participation in the event and any associated activities.

Contestant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Complete application and fax to 956-722-5528 or email application to [wbca@wbcalaredo.org](mailto:wbcawbca@wbcalaredo.org). Should you have any questions contact the WBCA Office at 956-722-0589.

FOR OFFICE USE ONLY:

Date received: \_\_\_\_\_

Time: \_\_\_\_\_