

Social Network Release Form

Name: _____	Community: _____
Home Phone #: _____	
Cell Phone #: _____	
Email: _____	
Instagram Account Name: _____	
Facebook Account Name: _____	
Twitter Account Name: _____	

Parent's Name: _____
Father/Guardian Name / Mother/Guardian Name

Parent's Home Phone #: _____
Father/Guardian Name / Mother/Guardian Name

Father/Guardian Email: _____

Mother/Guardian Email: _____

Parent's Cell Phone #: _____
Father/Guardian Name / Mother/Guardian Name

I agree to the guidelines set forth by the Blossomtime Festival with regard to any and all social media. I will permit Blossomtime and its agent's access to these accounts at all times during my participation with the Blossomtime Festival. Further, I agree to abstain from the use of foul language, any posts that may be deemed as bullying, or engage in any inappropriate comments, tweets or posts. Violation of this policy will result in immediate dismissal.

(Signature) (Date)

(Parental/Guardian Signature) (Date)