

Social Network Release Form

Name: _____

Cell Phone #: _____

Email: _____

Instagram Account Name: _____

Facebook Account Name: _____

X (formerly Twitter) Account Name: _____

Snapchat Account Name: _____

Tik Tok Account Name: _____

Other Social Media: _____

Parent's Name(s): _____

Parent(s) Phone #(s): _____

Parent(s) Email(s): _____

I agree to the guidelines set forth by the Blossomtime Festival Inc., and the Miss/Mr Niles Scholarship Program with regard to any and all social media. I will permit Miss/Mr Niles and its agent's access to these accounts at all times during my participation with the Blossomtime Festival or Miss/Mr Niles Scholarship Program. 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)