



Day of the Dead Catrina Contest

Enrollment fee \$100.00

Winner will be our Parade Queen

Please take or mail this completed form promptly to: C.A.B.A., 1303 Central Avenue, Kansas City, KS 66102
Include full payment and signatures. for Information call: 913-281-9222

Please print clearly

Entry Due Date: October 28th, 2023

Name of Catrina Model _____ Age: _____

Name of Makeup Artist if different from above _____

Address _____ Phone No. _____

Email (important, please print) _____

City _____ State _____ Zip Code _____

If underage, Name of Parent or Guardian:

_____ Relationship to contestant:

_____ Phone No. _____

For security purposes, all Parents/Guardians MUST read the contents of the Contest's RULES AND REGULATION document thoroughly at www.CABAKCK.org Sponsor

Name (if any) _____ Phone No. _____

Nature of Sponsorship _____

All Sponsorships (private or corporate) obtain prior to the contest enrollment will have to be registered, failure to do so will face disqualification.

Has the Catrina Model been exhibited nude or seminude in any public venue, media or channel being it digital or in likeness? YES _____ NO _____

Having a Criminal record shall not be reason for disqualification, however this form will serve as Criminal Activity Affidavit of non-repeat engagement nor planning to engage in such activity under the understanding that engaging on criminal activity while participating, titleholding, and /or representing the Day of the Dead Contest, in any way will disqualify the contestant immediately and all prizes shall be returned. I do not plan nor intend on Engaging in any future criminal activity. Model's Initials _____

RELEASE AND WAIVER

All photo and video materials obtain during the event become the property of CABA and shall be used freely for all promotional purposes. I hereby for myself, my heirs, executors, administrators and anyone else who might claim on my behalf, waive, release, discharge and covenant not to sue Central Avenue Betterment Association, all sponsors, their agents, assigns, claims or liability for death, personal injury or property damage of any kind whatsoever arising out of, or during this event. Minor applicants will be accepted only with the signature of a parent or legal guardian. I understand the Central Avenue

Betterment Association (the Association) reserves the right to accept or deny entries or disqualify any contestant at any time for any reason. Taking into consideration factors to include type of entry and timely return of this entry form, the Association will determine contestant order of presentation. NOTE:

Appropriate information/signature must be provided, or entry form will be void and all fees become nonrefundable.

Name of Responsible Party _____

Signature _____ Date _____

