

Release for Medical Information Form

Miss Outdoors Pageant

If, for any reason, the Miss Outdoors Pageant Chairpersons question the integrity of a contestant's compliance questions regarding **Reign Requirements, Conduct, and Integrity** as stipulated under "Miss Outdoors Contestant Rules,"

I, _____,
a contestant in the 20____Miss Outdoors Pageant, hereby authorize the Miss Outdoors Pageant Chairpersons to obtain any information pertaining to my **medical** or **legal background**.

Upon request by the Miss Outdoors Pageant Chairpersons, I agree to go to the appropriate medical or legal agency and sign any release forms required by the hospital, doctor, health professional, health agency, or court official. This will allow them to release the necessary information to the Miss Outdoors Pageant Committee Chairpersons.

I agree to do this **without objection or question** by me, my parent, guardian, or appointed representative.

Required Signatures:

Contestant's Signature:

Date:

Parent's Signature (if contestant is under 18):

Date:

Notary Acknowledgment

State of _____ **County of** _____

On this ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____,

- ☐ personally known to me
☐ or proved to me on the basis of satisfactory evidence

to be the person whose name is subscribed to this instrument and acknowledged that they executed the same for the purposes therein contained.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this _____ day of _____ 2025.

(Seal)

My commission expires: _____

Notary Signature Here

Notary Public in and for the State of: _____

! IMPORTANT: This release MUST be signed, notarized, and returned with the entry form. Failure to comply will result in **automatic disqualification** and elimination from all Miss Outdoors Pageant events.