



# AFRICOZ APPLICATION

African-Inspired Fantasy Cosplay and Costume Contest

ECBACC is a convention that celebrates and promotes positive images of people of African descent in the comic book, animation, horror, speculative fiction, and sci-fi industry. All interested participants must read the AfriCoz rules and meet the criteria before being authorized to participate in and/or be eligible to enter AfriCoz.

## APPLICANT INFORMATION

Name:		Phone Number:	
Address:		Email Address:	
		Age:	<input type="checkbox"/> ≥ 16 years <input type="checkbox"/> ≤ 15 years

## CHARACTER & COSTUME INFORMATION

<b>AFRICOZ Theme:</b>	<input type="checkbox"/> Sci-Fi <input type="checkbox"/> Superhero <input type="checkbox"/> Fantasy <input type="checkbox"/> Historical <input type="checkbox"/> Horror <input type="checkbox"/> Humorous
<b>Character title:</b>	
Character created by:	
Costume description:	
Major colors:	
Special attribute / detail:	
Character biography:	
Reason for choosing this character to portray:	



# AFRICOZ RELEASE

African-Inspired Fantasy Cosplay and Costume Contest

Character title:	
Applicant Name:	
Parent / Guardian Name:	<input type="checkbox"/> Check if not applicable

---

## Release for Adults / Participants 16 and Over

I have read and understand the rules of the ECBACC AfriCoz and agree to abide by them. Further, I agree to permit photography and/or video recording and the use, sale, and/or dissemination of said photographs and/or video recordings subject to permission from the ECBACC AfriCoz Director or Committee. Additionally, I agree to hold ECBACC, Inc., ECBACC AfriCoz organizers and all agents, assignees, and participants of ECBACC blameless for any accident and/or injury suffered by me during AfriCoz, except in cases of gross negligence on the part of those cited above.

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

---

## Release for Minors / Participants 15 and under

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ [name of minor], on behalf of said minor, have read and understood the rules of the ECBACC AfriCoz and agree to abide by all of them. Further, I agree to permit photography and/or video recording and the use, sale, and/or dissemination of said photographs and/or video recordings subject to permission from the ECBACC AfriCoz Director or Committee. Additionally, I agree to hold ECBACC, Inc., ECBACC AfriCoz organizers and all agents, assignees, and participants of ECBACC blameless for any accident and/or injury suffered by me during AfriCoz, except in cases of gross negligence on the part of those cited above.

Parent / Legal  
Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_