



Registration closes Friday Jan 12 or when we reach maximum attendance of 100

Part 1 | GUEST REGISTRATION FORM (MUST BE 14 YRS OR OLDER)

Guest Information

First Name: _____ Last Name: _____

Name you would like on your nametag: _____

Age/DOB: _____ Gender: Female: Male:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Fun Fact About You:

Emergency Contact DURING EVENT:

_____ Cell: Home: _____

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_____ Cell: Home: _____

Health Concerns:

Wheelchair/Accessibility Device Dependent: Yes: No:

Special Communication Needs: No: Yes: If yes, please explain:

Sensory Issues/Concerns (strobe lights, camera flashes, loud noises, etc.):

Allergies (Please list any that apply: foods, animals, latex, makeup, plants or pollen, etc.):

Food Needs (food cut-up or pureed, gluten free, etc.): No: Yes: If yes, please explain:

Will Need Medication Administered During Event: Yes: No:

* If medication is required during the event, a Parent/Caretaker MUST be available to administer the medication. Christian Life Church, their staff and volunteers are not responsible for administering medication to guests during the Night to Shine event.

Parent/Caretaker Information

Parent/Caretaker Name(s)Phone(s):

_____ Cell: Home: _____

_____ Cell: Home: _____

Parent/Caretaker will be... Dropping Guest Off: Enjoying Respite Room*:

If enjoying Respite Room, how many? _____

* The Respite Room is a private area where parents/caretakers of guests can spend the evening enjoying food, entertainment and rest while remaining onsite during the event.

Care Provider Agency Information – If Applicable

(If attending as a part of a group, please include agency or company name)

Care Provider Agency Name & Phone:

_____ Office: _____

Agency Chaperone Name & Phone (if applicable):

_____ Cell: Home: _____

(Note: Chaperone is not required to stay with guest(s) unless required by Agency)

Additional Notes or Concerns:

Please mail the completed and signed PART 1 | GUEST REGISTRATION* & PART 2 | MEDIA & LIABILITY RELEASE form with a CURRENT PHOTO of the participant to:

Christian Life Church, 300 Rustic St., Plymouth, WI 53073 ATTN: Night to Shine

You also have the option to email a digital photo to: nighttoshineplymouth@gmail.com

For guest registration to be accepted the entire form must be completed, signed, and received by Christian Life Church; at that time a confirmation of registration will be sent to the sender. If any items are missing, registration will be delayed, and the event could reach its maximum attendance.

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**Please Continue to NEXT PAGE for
Part 2 | Media & Liability Release**

Night to Shine

Participant & Parent/Caretaker Media & Liability Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Christian Life Church, and sponsored in part by or associated with the Tim Tebow Foundation, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a Georgia nonprofit corporation headquartered in Florida and Christian Life Church, a Wisconsin nonprofit organization, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, the actions, physical likeness, biographical information, and/or voice of me and/or any person of whom I am the parent or legal guardian, including minor children (collectively referred to as the "Participants").

Additionally, I hereby grant to TTF and Christian Life Church, without royalty or other compensation now or in the future, all rights of every kind and character whatsoever, in perpetuity, in and to any and all such recordings, along with any additional recordings I might provide to TTF and Christian Life Church, and to any benefits inuring to TTF and Christian Life Church as a result of its use of any of the foregoing recordings. Among other things, TTF and Christian Life Church may, but are not required to, copy or reproduce the recording, edit or modify it, incorporate it into another work, display or broadcast it or any of the foregoing privately or publicly, and use or license it or any of the foregoing for use by others, all for the sole benefit and at the sole discretion of TTF and Christian Life Church, for the advancement of TTF and Christian Life Church's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and Christian Life Church and bind the Participants and their heirs, successors, and assigns. I, on behalf of all Participants, hereby release and discharge and agree to hold harmless TTF and Christian Life Church, its directors, officers, employees, volunteers, and independent contractors, from any and all claims or damages, including but not limited to defamation or violation of rights of privacy or publicity, arising from or associated with the recording or use of the recordings. This release shall be construed, interpreted and governed in accordance with the laws of the State of Florida, and should any provision of this release be determined invalid, such invalidity does not affect any of the remaining provisions. I am of full age and have the right to contract in my own name and for each Participant.

AGREED TO AND ACCEPTED:

Name of Participant: _____ Date: _____

(If over age 18) Signature of Participant: _____

AGREED TO AND ACCEPTED:

Name of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____

Address: _____ Phone: _____

City / State / Zip: _____ Email: _____