

NIGHT TO SHINE Guest Registration Form

Friday,

February 8, 2019

All 4 pages must be filled out.

**Space is limited and is first come, first serve, so don't wait
to get your registration turned in.**

**Registration closes on January 8, 2019 or when we have all
the guest we can accommodate.**

Remit Form to: First United Methodist Church of Sedalia,

1701 West 32nd Street, Sedalia, Mo 65301

Call 660-827-2993 or fax to 660-826-5343

PLEASE PRINT CLEARLY!

Date Received: _____



Guest Registration for Friday, February 8, 2019

Guest Information

Full Name: _____

Name you would like on Name tag: _____ Gender: ___ Male ___ Female

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ **T-Shirt Size:** _____

Email Address (Guest or Parent): _____

Fun Fact about guest: _____

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____ At event ___ Yes ___ No

HEALTH CONCERNS: _____

Special Communication Needs: _____

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

Allergies: _____

Dietary Restrictions: _____

Will need to be GIVEN Medicine at a specific time during the event: Yes No Time: _____

Additional Notes or Concerns: _____

Address to send info to: _____

ALL REGISTRATIONS MUST BE TURNED IN BY JANUARY 8th

Each guest in attendance will have a designated volunteer by their side throughout the evening as a special “buddy”, ensuring their experience is fun and exciting. We understand, however, that some guest require a personal chaperone, such as a parent or caretaker, to be with them throughout the event instead and we are glad to accommodate that need. Please indicate below which option best suits the guest. If a **Personal Chaperones is required, we MUST HAVE a back ground check on file before the night of the event. This is REQUIRED by the Tim Tebow foundation.** You can provide us with one or we can assist you with getting one at the cost of \$10.00.

(PLEASE NOTE THAT OUR BUDDIES ARE VOLUNTEERS AGES 14 and UP.)

Buddy is Okay _____ Personal Chaperone Required _____

If Personal Chaperone Required, the following must be Provided:

Personal Chaperone Full Name: _____

Relationship to Guest: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Parent/Caretaker Information

Parent/Caretaker Name(s): _____

Parent/Caretaker Phone Number(s): _____

Parents and caretakers are not allowed past the medical room other than to drop off, pick up and at crowning, unless an Emergency. If the guest is okay with a buddy, a designated on-site Respite Room will be provided for the parent(s) and/or care taker(s) who brings guest. This is area where you can spend the evening enjoying food, entertainment, and just rest while remaining onsite during the event. Please indicate below if you will be enjoying this room or if you will just be dropping off guest.

I will be: Dropping Guest Off _____ I will be enjoying Respite Room _____

Number of parent(s) and/or care taker(s) who will be enjoying Respite Room: _____

Name or Names of those enjoying respite room: _____

Care Provider Agency Information – If Applicable

Care Provider Agency: _____

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

Care Provider Agency Phone Number: _____

Night to Shine Participant Media & Liability Rights Release

By signing below, and/or by or in consideration for participating in an event hosted by, sponsored by, or associated with the Tim Tebow Foundation and First United Methodist Church of Sedalia, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a nonprofit corporation headquartered in Florida and First United Methodist Church of Sedalia ("CHURCH"), a Missouri nonprofit corporation, 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 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 CHURCH, and to any benefits inuring to TTF and CHURCH as a result of its use of any of the foregoing recordings. Among other things, TTF and CHURCH may, but is 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 CHURCH, for the advancement of TTF and CHURCH's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and 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 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: _____

Signature of Participant: _____

Signature Parent/Caretaker (if Participant is under the age of 18 or unable to sign for themselves): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email: _____

Night to Shine Parent/Caretaker Media & Liability Rights Release

By signing below, and/or by or in consideration for participating in an event hosted by, sponsored by, or associated with the Tim Tebow Foundation and First United Methodist Church of Sedalia, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a nonprofit corporation headquartered in Florida and First United Methodist Church of Sedalia ("CHURCH"), a Missouri nonprofit corporation, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, my actions, physical likeness, biographical information, and/or voice. Additionally, I hereby grant to TTF and 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 CHURCH, and to any benefits inuring to TTF and CHURCH as a result of its use of any of the foregoing recordings. Among other things, TTF and CHURCH may, but is 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 CHURCH, for the advancement of TTF and CHURCH's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and CHURCH and bind the Participants and their heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and 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.

AGREED TO AND ACCEPTED:

Participant Information

Name: _____

Parent/Caretaker Information

1. Name of Parent/Caretaker: _____

Signature of Parent/Caretaker: _____ Date: _____

2. Name of Parent/Caretaker: _____

Signature of Parent/Caretaker: _____ Date: _____

3. Name of Parent/Caretaker: _____

Signature of Parent/Caretaker: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email: _____