

NIGHT *to Shine*
SPONSORED BY THE **TIM TEBOW**
FOUNDATION™

**YOU ARE
INVITED**

VIRTUAL STREAMING EVENT

FEBRUARY 12, 2021 at 6PM

*Join us for an unforgettable VIRTUAL Night to Shine experience!
Music, dancing, special guests and more; this is a night you
won't want to miss!*

H O S T E D B Y

GRACE BAPTIST

WHITE SALMON, WA 98672

FOR MORE INFORMATION AND TO REGISTER, CONTACT:

CATHY EVANS AT CRGNTS@OUTLOOK.COM

For people with special needs 14+



NIGHT TO SHINE GLOBAL PARTNERS





Guest Registration Form

Guest Information

First Name: _____ Last Name: _____

Age/DOB: _____ Gender: Female: Male:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Fun Fact About You: _____

Primary Contact Name during Virtual Event:

Contact Phone:

Health Concerns: _____

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.)

Do you have access to the internet?

No: Yes:

Do you have access to a computer or tablet?

No: Yes:

If no, would you be able to borrow a computer or tablet from a friend or family member?

No: Yes:

What is your preferred social media platform: _____

Is there anything we can be praying about for you?

Parent/Caretaker Information

Parent/Caretaker Name(s): _____

Parent/Caretaker Phone: _____

Care Provider Agency Information - If Applicable

Care Provider Agency: _____

Care Provider Agency Phone: _____

Agency Chaperone (if applicable):

Additional Notes: _____

***Please return form by email: CRGNTS@outlook.com
or mail to: CRGNTS Grace Baptist Church,
PO Box 1098, White Salmon, WA 98672***

Night to Shine Participant (Guests & Volunteers)

Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Grace Baptist 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 Grace Baptist Church ("GBC"), a Washington 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 GBC, 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 GBC, and to any benefits inuring to TTF and GBC as a result of its use of any of the foregoing recordings. Among other things, TTF and GBC 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 GBC, for the advancement of TTF and GBC's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and GBC and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and GBC, 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 recordings or use of 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 of Participant: _____

Signature of Participant (if over age 18:

_____ Date: _____

Signature of Parent/Caretaker/Legal Guardian (if participant is under age 18):

_____ Date: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Night to Shine Parent/Caretaker Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Grace Baptist 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 Grace Baptist Church (“GBC”), a Washington 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 GBC, 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 GBC, and to any benefits inuring to TTF and GBC as a result of its use of any of the foregoing recordings. Among other things, TTF and GBC 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 GBC, for the advancement of TTF and GBC’s exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and GBC and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and GBC, 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 recordings or use of 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:

Parent/Caretaker Information

Name of Parent/Caretaker: _____

Signature of Parent/Caretaker: _____ Date: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Participant Information (Name of Guest Attending Night to Shine)

Name: _____