

HONORED GUEST INFORMATION

February 8, 2019



First and Last Name

Name as you would like it to appear on name tag:

Fun fact about the Honored Guest (for the name tag!)

Age: _____ Gender: Female Male Wheelchair: Yes No

Mailing Address: _____

Email: _____ Phone: _____

Honored Guest will be escorted to the event by: _____

EMERGENCY CONTACT: _____ Phone: _____

Relationship to Honored Guest: _____

Health Concerns: _____

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

There will be flash photography at this event. Seizures due to flash photography: Yes No

Additional Sensory Issues/Concerns, related to this event:

Allergies/Food Needs (food cut up or pureed, gluten-free, etc.):

Remit form (BOTH registration and release) to:

By Mail: Night to Shine, PO BOX 1025 , Proctor, MN 55810

By Email: Danielle Wines, dwines@proctor.k12.mn.us *forms must include signatures

By Fax: 218-628-4931 Attn: Danielle Wines

For more information or online copies of this registration, please visit:

www.augustanaduluth.com

FOR NTS COMMITTEE ONLY	Rcv on:	Entr:	Inv:
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Night to Shine Participant Media & Liability Rights Release (*MUST BE INCLUDED WITH REGISTRATION TO PARTICIPATE)

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 AUGUSTANA LUTHERAN CHURCH, I hereby give my full consent to Tim Tebow Foundation, Inc., (“TTF”) a Georgia nonprofit corporation headquartered in Florida and AUGUSTANA LUTHERAN CHURCH (“ALC”), a Minnesota 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 ALC, 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 ALC, and to any benefits inuring to TTF and ALC as a result of its use of any of the foregoing recordings. Among other things, TTF and ALC 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 ALC, for the advancement of TTF and ALC’s exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and ALC 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 ALC, 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 (if over age 18): _____

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

Address: _____

Telephone: _____ Email: _____

Communications Release: I acknowledge TTF staff members and/or volunteers may contact the Participant to discuss their experience at the event, encourage, pray for, or receive general updates. I hereby give my full consent to TTF to contact the Participant after the event directly through the following means:

_____ Telephone _____ Text Messages _____ Email

_____ Please maintain contact through the parent/guardian only

_____ I do not give permission for TTF staff to contact the Participant

Signature of Parent/Caretaker _____ Date _____