



Night to Shine—Friday, February 7, 2020

Guest First Name: _____ Last Name: _____

Name as you would like it to appear on nametag:

Age: _____ DOB: _____ Gender: Male _____ Female _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Fun Fact About you: _____

Parent/ Caretaker name: _____

Phone # you can be reached at during Night to Shine: _____

Emergency Contact: _____ Phone # _____

Diagnosis/ Health Concerns: _____

Wheel Chair: Yes _____ No _____ Special Communication Needs: Yes _____ No _____

If yes, please explain _____

Sensory Issues or Concerns (Strobe lights, camera flashes, loud noises, etc.): _____

Allergies: _____

(Please list any that apply: food, latex, makeup, plant or pollen allergies, etc.)

Special Food Needs (Food cut up, pureed, gluten free, etc): Yes _____ No _____

If yes, please explain _____

Please note that this year the prom will be held at the Greenville Area High School

9 Donation Rd., Greenville, Pa. 16125

Please answer the following questions:

1. Guest will be attending the Pre Prom activities at Bethel Life to have hair and nails done, shoes shined, etc. and transported to the Prom in provided limousine? **Bethel Life Doors open at 4:00**

Yes _____ **-OR-** No _____, the guest will be dropped off at the High School.

2. **Parent/ Caretaker** will attend and be a buddy to guest? YES _____ **-OR-**

Buddy will meet guest upon arrival to Bethel Life or the High School. YES _____

3. **Parent/Caretaker** will be staying and enjoying the *Respite Room? Yes _____ No _____

If yes, enjoying the Respite Room, how many? _____ (max. 2 per family)

**The respite room is a private area where parents or caretakers can spend the evening while remaining onsite during the event.*

Respite Room is **not available for buddies, parents or agency staff accompanying guests to Prom.*

Care Provider Agency Information— (If applicable)

Care Provider Agency: _____

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

Care Provider Contact: _____ Phone # _____

Please choose ONE of the following:

Agency Chaperone **WILL STAY** with Guest the entire event _____

If so, Chaperone Name: _____

Agency Chaperone will **NOT** be staying with the Guest for the entire event _____

(This means that a Bethel Life Buddy will be provided)

Any additional notes or concerns: _____

Statement of Consent: In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance.

Signature: _____

Date: _____

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 Bethel Life Worship Center, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a nonprofit corporation headquartered in Florida and Bethel Life Worship Center ("BLWC"), non profit corporation in Greenville, PA, 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 BLWC, 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 BLWC, and to any benefits inuring to TTF and BLWC as a result of its use of any of the foregoing recordings. Among other things, TTF and BLWC 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 BLWC, for the advancement of TTF and BLWC exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and BLWC 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 BLWC, 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 or for each Participant.

AGREED TO AND ACCEPTED:

Name of Participant: _____ Date: _____

Signature of Participant (if over age 18): _____

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

Address: _____ Phone: _____

City/State/Zip: _____ 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 Bethel Life Worship Center, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a nonprofit corporation headquartered in Florida and Bethel Life Worship Center ("BLWC"), non profit corporation in Greenville, PA, 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 BLWC, 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 BLWC, and to any benefits inuring to TTF and BLWC as a result of its use of any of the foregoing recordings. Among other things, TTF and BLWC 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 BLWC, for the advancement of TTF and BLWC exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and BLWC and bind the Participants and their heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and BLWC, 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 Name: _____

PARENT/CARETAKER INFORMATION

1. Name of Parent/Caretaker: _____ Date: _____

Signature of Parent/Caretaker: _____

2. Name of Parent/Caretaker: _____ Date: _____

Signature of Parent/Caretaker: _____

3. Name of Parent/Caretaker: _____ Date: _____

Signature of Parent/Caretaker: _____

Address: _____ Telephone: _____

City/State/Zip: _____ Email: _____