

Guest Registration

Guest First Name
Guest Last Name
DOB
Male Female (circle one)
Fun Fact About You
Health Concerns
Special Communication Needs
Sensory Issues/Concerns
Allergies
Food Needs
Parent/Caretaker Names
Contact Number
Email address
Parent/Caretaker will be: (check one)
Checking in guest and then leaving.
Checking in guest and then staying in Respite Room.
Will you be checking in as a Group:
Group Name
Group contact person
Phone Number
Email address
Caretaker will be: (check one)
Checking in guest and then leaving.
Checking in guest and then staying in Respite Room.

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, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a Georgia nonprofit corporation headquartered in Florida, and collaborating churches including Christ's Church, Faithbridge Church, First Baptist Church of Jacksonville, Impact Church, Lake Asbury Baptist Church, Southside United Methodist Church, The Church of Eleven22, Trinity Baptist Church and University Church ("CHURCH"), 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 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, their 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:				
City/State/Zip:	Email:			

Communications Release

Tacknowledge TTF staff members and/or volunteers may co	ontact the Participant to discuss their experience			
at the event, encourage, pray for, or receive general updat	es I hereby give my full consent to TTF to			
contact the Participant after the event directly through the	e following means::			
Telephone				
Text Messages				
Email				
Please maintain contact through the parent/guardi	ian only			
I do not give permission for TTF staff to contact the Participant				
Signature of Parent/Caretaker	Date			

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, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a Georgia nonprofit corporation headquartered in Florida, and collaborating churches including Christ's Church, Faithbridge Church, First Baptist Church of Jacksonville, Impact Church, Lake Asbury Baptist Church, Southside United Methodist Church, The Church of Eleven22, Trinity Baptist Church and University Church ("CHURCH") 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/or CHURCH exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and CHURCH and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and CHURCH, their 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:		
Parent/Caretaker Information		
1. Name of Parent/Caretaker:		Date:
Signature of Parent/Caretaker:		
Address:	Telephone:	
City/State/Zip:	Email:	
Participant Information		
Name:		