



Participant Registration Form

Participant Information

First Name: _____ Last Name: _____

Age: _____ DOB: _____ Gender: Female Male

Address: _____

City: _____ State: _____ Zip Code: _____

Health Concerns: _____

Emergency Contact: Name: _____ Phone: _____

Each Participant will have a “Buddy” accompany them for the evening. If the Participant wants to provide his/her own “Buddy” that individual must register as a “volunteer” on Redemption’s website (redemptionin.com/register) and complete a background check. See online registration for details regarding background checks. **WALK-IN BUDDIES WILL NOT BE PERMITTED.**

Yes, Participant will need Redemption to provide a Buddy.

No, Participant’s Buddy will be: _____

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

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

If yes, please explain: _____

Allergies (Please list all that apply i.e. foods, latex, makeup, plants or pollen): No Yes If yes, please list: _____

Food Needs (food cut up, gluten free, etc.): No Yes

If yes, please explain: _____

*Pureed meal service not provided

Parent/Caretaker Information

Parent/Caretaker Name(s): _____

Parent/Caretaker Phone: _____

Parent/Caretaker Email: _____

Parent/Caretaker will be: Dropping Participant off and picking him/her up following event

Enjoying the Respite Room while Participant enjoys the event (Parent/Caretakers only)

Please indicate the total number ____ of Parent(s)/Caretaker(s) who will be enjoying the Respite Room so that we can ensure there'll be enough food and refreshments for all attending.

** The Respite Room is a private area where parents/caretakers of the Participants can spend the evening enjoying some food and rest while remaining onsite during the event. It is important to let us know how many parents/caretakers will be enjoying the Respite Room so we can order enough food and refreshments for everyone. If you parents/caretakers have multiple Participants attending, they should only report their attendance on one Participant's form.*

Care Provider Agency Information – If Applicable

Care Provider Agency: _____

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

Agency Chaperone (if applicable): _____

(Note: Chaperone is not required to stay with guest(s) unless required by Care Provider Agency.)

Care Provider Agency Phone: _____ Chaperone Phone: _____

Additional Notes or Concerns: _____

*Please note Participant registration cannot be completed until **BOTH** the Participant Registration Form and the Media & Liability Rights Release Form have been completed and returned to Redemption Christian Church.

To return these forms via mail, please send to: Redemption Christian Church
Attn: Heather Zehr
1450 Energy Dr
Jasper IN 47546

You may also return forms via fax at 877/481-8629 or via email to: heather@RedemptionIN.com



Night to Shine Media & Liability Rights Release

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

PARENT / CARETAKER

Printed Name of Parent/Caretaker: _____ Date: _____

Signature of Parent/Caretaker: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____