

# NIGHT *to Shine*

SPONSORED BY THE **TIM TEBOW**  
FOUNDATION™

## Guest Information

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: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone number: \_\_\_\_\_

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* \_\_\_\_\_

**Parent/Caretaker Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

*During the Night to Shine event, please provide the following information:*

- 1. Guest will be dropped off and will need a Bethel Life Buddy Yes \_\_\_ No\_\_\_
- 2. Parent/Caretaker will be staying and enjoying the \*Respite Room provided and will need a Bethel Life Buddy 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 of guests can spend the evening enjoying snacks, entertainment and rest while remaining onsite during the event.*

- 3. Parent/Caretaker will attend and be a buddy to their Guest during entire event. Yes \_\_\_ No \_\_\_

**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 Agency Phone: \_\_\_\_\_

Agency Chaperone (If applicable): \_\_\_\_\_

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

**Please choose one of the following:**

Agency Chaperone will be staying with Guest the entire event \_\_\_\_\_

Agency Chaperone will **NOT** be staying with the Guest for the entire event \_\_\_\_\_  
*(this means that a Bethel Life Buddy will need to 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: \_\_\_\_\_

**Please complete and return this form to:  
Bethel Life Worship Center, 246 S. Mercer St., Greenville, Pa. 16125  
by February 1, 2016**

## 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 and 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: \_\_\_\_\_