



Guest Registration Form

Guest Information

First Name: _____ Last Name: _____

What name do you want on your nametag? _____

Age/DOB: _____ Gender: Female: Male:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Fun Fact About You: _____

Emergency Contact during event: _____

Emergency Contact Phone: _____

Health Concerns: _____

Wheelchair/Accessibility Device Dependent: Yes No

Special Communication Needs: Yes No

If yes, please explain: _____

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

Allergies: _____

(Please list any that apply: foods, animals, latex, makeup, plants or pollen, etc.)

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

Yes No If yes, please explain: _____

Will Need Medication Administered During Event: Yes No

**** Please note that the church, their staff and volunteers are not responsible for administering medication to guests during the Night to Shine event. If medication is required during the event, a parent or caretaker MUST be available to administer the medication.***



Will guest be dropped off and picked up by a parent/caretaker? Yes No

Will guest be taking public transportation to and from event? Yes No

Will guest be attending as a part of a group that will provide transportation? Yes No

Additional Notes/Concerns You Would Like Us to Be Aware Of

Parent/Caretaker Information

Parent/Caretaker Name(s): _____

Parent/Caretaker Phone: _____

Parent/Caretaker will be... Dropping Guest Off Enjoying Respite Room

If enjoying Respite Room, how many? _____

** The Respite Room is a private area where parents/caretakers of guests can spend the evening enjoying food, entertainment and rest while remaining onsite during the event.*

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)

Additional Notes or Concerns:

Remit form to: Grace Point Fellowship
213 S. Fir St, Medford, OR 97501
Heather Aragon
541-500-4846
haragon@soinclusionworks.org



Night to Shine Participant (Guests & Volunteers) Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Grace Point Fellowship, 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 Grace Point Fellowship ("GPF"), an Oregon nonprofit corporation, 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 GPF, 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 GPF, and to any benefits inuring to TTF and GPF as a result of its use of any of the foregoing recordings. Among other things, TTF and GPF 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 GPF, for the advancement of TTF and Grace Point Fellowship's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and Grace Point Fellowship and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and Grace Point Fellowship, 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 recordings or use of 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:

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: _____ Telephone: _____

Email: _____