



NIGHT *to Shine*

SPONSORED BY THE **TIM TEBOW**
FOUNDATION™

YOU ARE INVITED...

FEBRUARY 8, 2019

6-9 PM

HOSTED BY

MOUNT OLIVE LUTHERAN CHURCH

6205 ALDERSON STREET
WESTON, WI 54476

**JOIN US FOR A PROM NIGHT THAT YOU WILL NEVER FORGET!
WALK THE RED CARPET, ENJOY THE ROYAL TREATMENT AND
DANCE THE NIGHT AWAY!**

FOR MORE INFORMATION AND TO REGISTER, CONTACT:

TAMMY HOYORD AT tammy@mtoliveweston.org -OR- (715) 359-5546

INVITATION ONLY. NON-TRANSFERABLE. FOR PEOPLE WITH SPECIAL NEEDS 14+



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GUEST REGISTRATION (MUST BE 14 YEARS OR OLDER)

Guest Information

First Name: _____ Last Name: _____

Name as you would like it to appear on nametag:

Age/DOB: _____ Gender: Female _____ Male _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____@_____ Phone: _____

Fun Fact About You: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Health Concerns: _____

Wheelchair: Yes _____ No _____

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

Sensory Issues/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 or pureed, gluten free, etc.):

No _____ Yes _____ If yes, please explain: _____

I have attended Night to Shine Prom before: Yes _____ No _____

Parent/Caretaker Information

Parent/Caretaker Name(s): _____

Parent/Caretaker Phone: _____

Parent/Caretaker will be: Dropping Guest Off _____ Enjoying the Respite Room _____

If enjoying the 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 guests(s) unless required by Care Provider Agency)

Additional Notes or Concerns: _____

Remit registration form, media release, and a picture of the participant to:

Mount Olive Lutheran Church
% Night to Shine
6205 Alderson Street
Weston, WI 54476

To be accepted, the registration form must be complete and must be accompanied by a signed media release, and a current picture of the participant. A digital picture can be emailed to tammy@mtoliveweston.org. If any of these items are missing, the application will be held until all pieces are received, and the event could reach it's maximum number.



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 Mount Olive Lutheran Church, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a nonprofit corporation headquartered in Florida and Mount Olive Lutheran Church ("CHURCH"), a Wisconsin 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 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's 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, 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:

Date: _____

Name of Participant: _____

Signature of Participant (If over age 18): _____

Signature of Parent/Caretaker (If participant is under age 18): _____

Address: _____ Telephone: (____)_____-_____

City/State/Zip: _____ Email: _____@_____