



Volunteer Permission Slip (Ages 14-18)

I give my permission for _____ to participate as a

↑ PARTICIPANT FULL NAME ↑

volunteer at the 2020 Night to Shine, sponsored by the Tim Tebow Foundation hosted by St. Andrew's United Methodist Church at Vineland Elementary School on Friday, February 7, 2020.

Volunteer Information

Age/DOB: _____ Gender: Female Male

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Parent/Guardian Phone (Home): _____

Parent/Guardian Phone (Cell): _____

T-shirt size: S M L XL XXL I have my shirt from last year and do not want a new one this year.

School District DeSoto Hillsboro Grandview Home School Other: _____

Desired Volunteer Role (check all that apply):

Buddy for guest Event volunteer

Parent/Guardian Signature _____

Date _____

<small>FOR OFFICE USE ONLY</small>		
<input type="checkbox"/> PS	<input type="checkbox"/> RoL	<input type="checkbox"/> MRR
<input type="checkbox"/> Approved	<input type="checkbox"/> Contacted _____	

**Remit form to: St. Andrew's UMC | 1004 Rock Rd | DeSoto, MO 63020
636-586-2472 | secretary@standrewsumcdesoto.org | Deadline: February 3, 2020**

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Night to Shine Release of Liability

By signing this Consent/Release Form, I acknowledge that ministries, programs and activities conducted by St. Andrew's United Methodist Church and its related and affiliated organizations, including the Missouri Annual Conference of the United Methodist Church (collectively, the 'Church'), especially, but not limited to, Night to Shine, involve a certain amount of risk to individuals participating. Activities may include strenuous or moderately strenuous physical activities including, but not limited to dancing and jumping. With this information, I acknowledge and consent to me or my minor child's participation in Night to Shine. I further acknowledge and consent to any organized travel by van or bus as part of the activities conducted during Night to Shine.

Acknowledging the activities involved, **I hereby release and hold harmless the Church, its agent, related organizations, employees, directors, counselors, leadership, volunteers and members from any and all liability that may arise as a result of my or my child's participation in Night to Shine** except in the case of intentional misconduct.

Volunteer Name

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

Night to Shine Volunteer Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by St. Andrew's United Methodist Church, 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 St. Andrew's United Methodist Church ("CHURCH"), a Missouri benevolent organization, 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 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 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 me and my heirs, successors, and assigns. I, 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 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:

Volunteer Information

Volunteer Name

Date

Parent/Guardian Signature

Address

City/State/Zip

Telephone

Email

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