



## Guest Registration

*Please complete both sides*

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

Name as you would like it to appear on nametag: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: Female:  Male:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Caregiver/Guardian Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Off-site Emergency Contact during event: \_\_\_\_\_

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

Wheelchair/Accessibility Device Dependent: Yes:  No:

Will an individual aide accompany the guest? Yes:  No:

Allergies: \_\_\_\_\_

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

Food/Dietary Restrictions: \_\_\_\_\_

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 caregiver MUST be available to administer the medication.**

Will guest be using these services:  Hairstyling  Nails  Make-up  Shoe shine  None

**Services are only available if indicated on this form. \*If the guest will be using hairdressing services at the event, please come with recently washed hair.**

Remit form to: St. Andrew's UMC, 1004 Rock Rd, DeSoto MO 63020

Any questions call (636) 586-2472 or email [secretary@standrewsumcdesoto.org](mailto:secretary@standrewsumcdesoto.org)

**Parent Information** (skip to **Group Facility Information** if guest will be attending as a member of a group facility)

Parent (s): \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Parent will be:             Dropping guest off       Staying on-site with the guest  
                                  Staying on-site while enjoying the separate family meal

*\*If staying on-site, a Night to Shine Parent/Caregiver Media Rights Release form is required and will be provided upon check-in at the event.*

**Group Facility Information - If Applicable**

Group Facility: \_\_\_\_\_  
(If attending as a part of a group, please include agency or company name)

Is the chaperone to stay with guest as required by the Group Facility? Yes:  No:

Additional Notes or Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Night to Shine Participant (Volunteer) Media Rights Release**

By signing below, and for the good and valuable consideration of participating in an event hosted by 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 CHURCH ("CHURCH"), a STATE 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 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/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:**

\_\_\_\_\_  
Guest Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Parent/Guardian/Caregiver Authorized to Sign on Guest's Behalf  
(Required for guests under 18 years of age)

\_\_\_\_\_  
Parent/Guardian/Caregiver Printed Name

## Night to Shine Release of Liability

I hereby assume all of the risks of participating in any/all activities associated with the "NIGHT TO SHINE" Event on February 7, 2025 hosted by St. Andrew's United Methodist Church of DeSoto MO, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being release, from defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said event. In consideration of my application and permission to participate, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I waive, release and discharge from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which my hereafter occur to me including my traveling to and from this activity, the following entities or persons: The Tim Tebow Foundation and/or their directors, officers, employees, volunteers, representatives, and agents, and St. Andrew's United Methodist Church of DeSoto MO the activity holders, sponsors, and volunteers:

Indemnify, hold harmless, and promise not to sue the entities or persons mentioned from any/all liabilities or claims made as a result of participation in this activity, whether caused by negligence of release or otherwise.

I acknowledge that St. Andrew's United Methodist Church of DeSoto and the Tim Tebow Foundation and their directors, offices, volunteers, representatives, and agents are not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. The accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A CONTRACT AND I AGREE TO IT OF MY OWN FREE WILL.

**AGREED TO AND ACCEPTED:**

\_\_\_\_\_  
Guest Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Parent/Guardian/Caregiver Authorized to Sign on Guest's Behalf  
(Required for guests under 18 years of age)

\_\_\_\_\_  
Parent/Guardian/Caregiver Printed Name