



VOLUNTEER WAIVER AND RELEASE
DUE: January 15, 2019

1. I represent that I am medically able to participate in Night To Shine volunteer work and to undertake any work that I choose to participate in.
2. I assume all risks associated with volunteering for this event. In the event medical care is required, I authorize any such volunteer medical support personnel to assist me or to perform such assistance as in the opinion of such person may be necessary or appropriate.
3. I for myself, my heirs, successors as assigned and any person entitled to act on my behalf, do hereby release Ridgeway Church, Immaculate Conception and Assumption of Our Lady, The Tim Tebow Foundation and all sponsors, volunteers, staff, directors and officers, together with their directors, officers, agents, and representatives from all claims or liabilities of any kind or character arising from my participation in Night To Shine, February 8, 2019.
4. I consent to the use of my image in photos, video and audio recording, film, of my participation in this Night To Shine event.

If your age on the day of the event is less than 18 years old, please also fill in the Parent/Guardian Contact Information below. Providing such information and continuing this process indicates that this volunteer registration was completed by the person listed below.

Volunteer Name (print) _____

Volunteer Name (signature) _____

Date: _____

IF UNDER 18: Parent/Guardian Name (print) _____

Parent/Guardian Name (signature) _____

Date: _____

Address: _____

Cell number: _____ email: _____

Send completed form to:

Night to Shine
Ridgeway Church
465 Ridgeway
White Plains, NY 10605
2019NTSICS@ridgewaychurch.com