

OHIO VALLEY NIGHT TO SHINE

2398 Dowler RD
Moundsville, WV 26041

Welcome to Ohio Valley Night to Shine,

Enclosed you will find several forms. To be a registered guest for Night to Shine, the following forms must be completed and returned, or you may register on our website at: www.ohiovalleynighttoshine.org If registering on the website, please make sure you click the correct tab (Guest or Group Home).

*Guest Registration Form – Participant ****REQUIRED** 3 pages**

*Media & Liability Right Release Form ****REQUIRED** 1 Page**

*Media Release Form – Parent/Caretaker ****REQUIRED** 1 Page**

(this is only if Parent/Caretaker is Attending)

*Please make sure phone number and email are included and legible

*Incomplete forms will be sent back for completion and may delay the process.

Please send completed forms with signatures to:

Janet Allen

2398 Dowler Rd Moundsville, WV 26041

Ohio Valley Night to Shine will be held:

Friday February 7, 2025

6-9 pm at the Moundsville Training Center, Moundsville, WV

(Former Moundsville, Penitentiary)

For more information or to refer a guest contact:

Janet Allen 304-650-4126, Lori mason 304-238-8015 or Brenda Francis 304-639-3547

Follow us on Facebook: Ohio Valley Night to Shine

www.ohiovalleynighttoshine.org

ohiovalleynighttoshine@yahoo.com



Guest Registration Form

Guest Information

First Name: _____ Last Name: _____

Name as you would like it to appear on nametag:

Age: _____ Gender: Female: ____ Male: ____

Address:

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Fun Fact About You: _____

Emergency Contact during event (will be listed on guest's nametag):

Emergency Contact Phone (will be listed on guest's nametag):

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 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: ____

Health Concerns: _____

Mobility Needs (Please explain) _____

Communication Needs (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, nut free, etc.):

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

Caretaker Information

Caretaker Name(s): _____

Caretaker Phone: _____

Caretaker will be.. Dropping Guest Off: ___ Enjoying Respite Room: ___ Staying with Guest ___
(If caretaker is staying with guest, a current background check will be required)

Caretaker relationship to guest: _____

If enjoying Respite Room*, please list names: limit of two per guest

Name 1: _____

Name 2: _____

** The Respite Room is a private area where 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): _____

Agency Chaperone Cell Phone: _____

(Note: Chaperone is not required to stay with guest(s) unless required by Care Provider Agency. If Chaperone remains with guest, a current Background Check will be required.)

Additional Notes or Concerns:

It is very important that all questions are answered and legible. Any incomplete forms will be sent back for completion.

Remit form to: Janet Allen 2398 Dowler Rd Moundsville, WV 26041

304-650-4126

Ohiovalleynighttoshine@yahoo.com

Night to Shine Participant (Guests, Volunteers & Vendors) 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 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:

Participant Information

Name of Participant: _____

Signature of Participant (if over age 18): _____

Date: _____

Signature of Parent/Caretaker/Legal Guardian (if participant is under age 18):

_____ Date: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Night to Shine Parent/Caretaker Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Limestone Presbyterian 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 (Limestone Presbyterian 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 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:

Parent/Caretaker Information

Name of Parent/Caretaker: _____

Signature of Parent/Caretaker: _____ Date: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Participant Information (Name of Guest Attending Night to Shine)

Name: _____

**PLEASE HAVE A MEDIA RELEASE SIGNED FOR EACH PARENT/CARETAKER THAT
WILL BE IN ATTENDANCE**