



REGISTRATION FORM

Completed forms must be received at the time of registration.

Program Name: GAPP – You Don't Stand Alone video contest

PARTICIPANT'S INFORMATION

Name: _____ Age: _____

Address: _____ Phone: _____

E-mail address : _____ Signup for email Yes No
notifications ?

Parent/Guardian Name (if participant is under 18): _____

Phone (cell) _____ (home) _____

EMERGENCY CONTACT (Must be local)

Name: _____ Phone (cell) _____ (home) _____

RELEASE

Having read this waiver, I, for myself and anyone entitled to act in my behalf, waive and release Greater Augusta Prevention Partners Coalition, the Central Shenandoah Valley Office on Youth, City of Waynesboro, any and all partners, sponsors, officials, volunteers, instructors, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in the program above, even though that liability may rise out of negligence or carelessness on the part of the person(s) named in this waiver.

_____ **I grant permission to all of the foregoing to use any video submitted, photographs, motion picture, recordings or any other record of me, or my child for any legitimate purpose.**

IF PARTICIPANT IS UNDER 18: This is to certify that I acknowledge and agree to the above for my son/daughter/ward, and that my son/daughter/ward has my permission to participate in the program above and that the GAPP Coalition, City of Waynesboro Central Shenandoah Valley Office on Youth employees, volunteers, officials, and/or instructors have my permission to authorize medical treatment if necessary.

Signature of Participant: _____ Date _____

Signature of Parent/Guardian: _____ Date _____