

# Transform Participation Agreement and Media Release

## PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Are event organizers authorized to approve medical treatment? Yes / No

Please circle any allergies this person has:

Penicillin      Hay Fever      Insect Stings      Other Drugs \_\_\_\_\_ Other Allergies \_\_\_\_\_

"Do you have any medical or health problems, or any chronic or recurring illness, which would have an effect on your participation?" Yes / No

## Emergency Contact Information

In case of emergency, please notify:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## TRANSFORM PARTICIPATION AGREEMENT

Transform is an event hosted by First Baptist Church of Highland Village ("TVC") in partnership with Communities in Schools of North Texas, Denton Independent School District, Lewisville Independent School District, Dallas Independent School District, and other organizations ("Partner Organizations"). By signing this form, I am agreeing to release all rights and claims for damages that I may have against TVC or its Partner Organizations. I agree to hold TVC and Partner Organizations harmless of and from all liability of whatever nature, which may rise out or result from participation in Transform. For the consideration stated above, I further agree that in the event that I should make any claim against the TVC or Partner Organizations for damages arising out of Transform, I will personally indemnify, defend, and hold harmless the TVC and Partner Organizations.

## TRANSFORM MEDIA RELEASE

I hereby grant TVC and Partner Organizations absolute and irrevocable rights and unrestricted permissions with respect to photographs, video recordings and audio recordings that have been taken of me or in which I may be included with others in relation to the Transform event. TVC and Partner Organizations may use, publish and republish the photographs, video recordings and audio recordings in whole or in part in any and all media now or hereafter, and for any purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any purpose whatsoever without restriction as to alteration, and use my name if TVC or a Partner Organization chooses. I hereby release and discharge TVC and Partner Organizations from all claims and demands arising out of or in connection with the use of photographs, video recordings or audio recordings, including without limitation any and all claims for libel or invasion of privacy. This release shall be binding upon my heirs, legal representatives and assigns.

By signing below I am stating that I have read and understand the Transform Participation Agreement and Transform Media Release and am agreeing to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature (if under 18 years old): \_\_\_\_\_