Turning Point

Pre-Registration/Liability/Photo/News Release Form

Please check one: ☐ Participant ☐ Guest of participant ☐ Volunteer

Name: _____ Address: _____

City/State/Zip _____

Phone: _____ Email: _____

Emergency Contact: _____ Address: _____

City/State/Zip _____

Telephone: _____

Is this your first Turning Point Event? ☐ Yes ☐ No

All participants must sign below: (If under 17, parent or legal guardian must also sign) The applicant, by signing below acknowledges this program involves some risk and he/she assumes responsibility for his/her actions and for any injury that may result from participants and also waives and releases all other participants, the host, sponsors, guides, landowners, volunteers, instructions, and Turning Point, officials, and/or other parties involved in the event from all claims and/or damage/injury incurred in connection with this event. In addition, participant grants the sponsors, co-sponsors, and Turning Point the unconditional right to use the name, voice, and photographic likeness of the person listed above, in regards to any of the publications and audio/video productions.

_____/_____/_____

Signature of Participant Print Name Date

_____/_____

Signature of Parent or Legal Guardian (if under 17) Date

Email to: npowers@turningpointnation.org or mail to: 403 Pacific Ave Terrell, TX 75160

TP Form No. 2006-009
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