

**Family Promise of Wayne County**  
**Night Without a Bed**

**August 28, 2021**

**6:00 pm to 7:00 am**

**Wayne County Fairgrounds  
Palmyra, New York**



of Wayne County

**Participant Registration and Waiver Form**  
**(Required for each Team Member)**  
**Please PRINT all information**

*“Every child deserves a home”*

Event Site Name: Family Promise of Wayne County’s Night Without a Bed- Wayne County Fairgrounds, Palmyra

Participant Name: \_\_\_\_\_

Participant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This is my address at:  Home  Work (Please check one)

Home phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Team Name: \_\_\_\_\_ Team Captain: \_\_\_\_\_

Team Affiliation: \_\_\_\_\_

Event Registration Fee (\$10.00): \$ \_\_\_\_\_ Overnight Camping Site Requested (\$10.00): \$ \_\_\_\_\_

**My “NWOAB” T-Shirt Size is:** (Please check the appropriate size. If no size is indicated, participant will receive an XL)

Youth Small  Youth Medium  Small (Adult)  Medium (Adult)

Large (Adult)  X Large (Adult)  2X Large (Adult)  3X Large (Adult)

**WAIVER – Each team member must read and sign**

Please return to your Team Captain with your commitment/registration fee.

- As a participant in the Night Without a Bed event, I, for myself, my executor, administrators, and assigns, do hereby release and discharge Family Promise of Wayne County, Wayne County Fair Grounds, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of damages,, demands, actions, and causes whatsoever, in any manner or growing out of my participation or that of my child in this event.
- I give my full permission for the use of my name and photograph in this event.
- I also give my permission for such first aid as it is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.
- I will adhere to all NYS COVID guidelines at the time of the event, i.e. wearing a mask & social distancing.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

At the event

**Family Promise of Wayne County’s “NIGHT WITHOUT A BED” is an Alcohol and Tobacco Free Event.**  
**No Pets are allowed at the event.**