PARTICIPANT REGISTRATION FORM and PHOTO RELEASE

St. Valentine's Day Hair Massacure ®

ICE PALACE WEST EDMONTON MALL

Friday, February 12, 2010

PARTICIPANT INFORMATION - Please Print

LAST NAME _____

FIRST NAME _____

ADDRESS _____

CITY/PROVINCE _____ **POSTAL CODE** _____

PHONE NUMBER(S) _____

EMAIL ADDRESS _____

Are you participating with a school or group? Which one? _____

ARE YOU: ☐ *16 years of age or younger?*

CHILDREN UNDER 16 YEARS OF AGE
YOUR PARENT/GUARDIAN MUST SIGN this Photo Release

PHOTO RELEASE

ALL PARTICIPANTS MUST SIGN THIS PHOTO RELEASE....
If you are under 16, your parent or guardian must sign it.

I hereby give consent for "St. Valentine's Day Hair Massacure" organization and all related parties to use any photo and video footage involving my participation, or that of my child as named above, in the head shave for promotional purposes. It is understood that my picture(s), or those of my child as named above, will be used by "St. Valentine's Day Hair Massacure" organization for the benefit of this event.

While every effort has been made to ensure the safety of all individuals participating in, volunteering for, or viewing the "St. Valentine's Day Hair Massacure" head shave, the "St. Valentine's Day Hair Massacure" organization and the individuals representing or volunteering for the organization assume no responsibility for any injury resulting from or occurring at the event.

_____
Participant Signature
16 years of age or older

OR
If under 16
→

_____
Parent/Guardian Signature
of child under 16 years of age

We do not sell, rent, or trade our participant/donor lists. We collect, use and disclose personal information only for the purpose of processing donations, keeping our participants informed about the activities of the "St. Valentine's Day Hair Massacure", Stollery Children's Hospital Foundation and Make-A-Wish® Northern Alberta and to ask support. By signing this form, you give the aforementioned organizations consent to maintain contact with respect to this event.

_____
Parent/Guardian Print Name

Thank you for helping to support:

MAKE-A-WISH Northern Alberta Canada

STOLLERY CHILDREN'S HOSPITAL FOUNDATION

For information:
www.hairmassacure.com or call (780) 444-9467

Please drop off your pledges prior to the event.
Make-A-Wish will collect your donations on February 9th and 10th between 3 p.m. and 8 p.m.
**** There will be an incentive for those who turn in their pledges on February 9th & 10th**