

## SAME DAY ADMISSION FORM



\*\* SATURDAY 9.28.2024 9 AM - 1 PM \*\*



## **Admission Type:**

|  | Adult (age 14+) |  | <b>Youth</b> (age 3-13) |  | Child (2 and under) |
|--|-----------------|--|-------------------------|--|---------------------|
|--|-----------------|--|-------------------------|--|---------------------|

| TICKET PRICES   | Last Name First Name   |   |   |  |  |  |  |
|---|--|---|---|--|--|--|--|
| Adults (age 14+)\$35<br>Youth (age 3-13)\$15<br>Under 2FREE   | Mailing Address  |   |   |  |  |  |  |
| Маке снеск  | City   | State   | Zip Code  | Birth Date   |  |  |  |
| PAYABLE TO:   | Mobile Phone   |   |   |  |  |  |  |
| Alexandra House, Inc.   |  |   | Email   |  |  |  |  |
| Memo: HopeFest  |  |   |   |  |  |  |  |
| and its activities. Therefore, administrators and assigns, be held responsible or liab suffered or sustained by me understand that running and medically able and properly whatever care is deemed ne executors, and assigns, release with or arising out of or resurelated activities and absolution all liability thereof, and attach, or prosecute Alexand personal injury or death or padministrators, and assigns administrators, and assigns a for promotional purposes. In organizers, my entry fee we | that neither Alexandra Hele for any negligence in in connection with or all walking in a race is a potrained. If, as a result of recessary by the authorized as and assume all risk walting from any or all active and release Alexandra House, Inc., nor any or or perty damage or loss thereby. I give permission addition, I understand will not be refunded – but the formula of the permission of | louse, Inc., nor any of its emplied or otherwise, or persising out of participation in tentially hazardous activity a my participation, I should record medical personnel of Hope thatsoever of personal injury vities engaged in by participa House, Inc., nor any of its assent and agree for myself, pof its employees, volunteers of its employees, volunteers of its engaged in the tent for the Alexandra House to under the decord in the tent of the tent | ployees, volunteers, officials sonal injury, or death, or pethe HopeFest (and its associated that I should not enter any uire medical attention, I hereby, for death or property dama and arising out of participal employees, volunteers, of participant, executors, and associated purpose to bind myseled by circumstances beginning to the property with medical by circumstances beginning and purpose to be any photography with medical sonal and purpose to be any photography with any | s, or representatives shall roperty loss, or damage ciated activities). I further and participate unless I am reby give my consent for myself, the participant, age or loss in connection tion in the HopeFest and ficials or representatives assigns, not to sue, arrest, son account of any such left, participant, executors, my or my children's image yond the control of the |  |  |  |
| Signature (par  | ent or guardian if participan  | t is under 18) Print Name   |   | Date   |  |  |  |
|   |  | ADMIN USE ONLY  |   |  |  |  |  |
| Staff Initials: Total Payment \$:   |  |   |   |  |  |  |  |
|   |  | PAYMENT TYPE:   |   |  |  |  |  |
| Cash  | ☐ S  | ponsor Name:  | Scholarsl   | hip  |  |  |  |
| ☐ Check: #  |  | onation: \$   | <u></u>   | xets: \$   |  |  |  |
| Credit Card Type:   |  |   |   |  |  |  |  |