



AMERICA'S BEST IDEA IN MIDDLE TENNESSEE

Bradley Arts Academy Family Day at Stones River National Battlefield

May 22, 2010
9 AM - 3:30 PM

REGISTRATION FORM

STUDENT NAME: _____

TEACHER: _____

NUMBER OF TICKETS: _____

NUMBER OF CHILDREN UNDER AGE 5 (NEED CAR SEAT): _____

All students must be accompanied by and adult (18 years or older)

Please complete and sign the photo/media release on the back of this form. If you do not wish to have your photograph used for news or publicity purposes, initial here. _____

**ALL REGISTRATION AND RELEASE FORMS MUST BE TURNED IN BY
WEDNESDAY MAY 7, 2010!**

**NATIONAL PARK FOUNDATION
PHOTO/MEDIA RELEASE**

Without further consideration, I _____ hereby
Individual/Organization Name

Irrevocably consent that all text and images in the interim and/or final report(s) submitted to The National Park Foundation associated with the America's Best Idea Program may be used and re-used by the National Park Foundation ("Sponsor"), and others with its consent for the purposes of illustration, advertising, promotion, display, or publication, and for any other lawful purpose.

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And accepted by the signature of the National Park Foundation's authorized representative: _____

I understand that these images may be cropped, edited or otherwise altered and that whether any of them is used, and how it is used, is entirely for Sponsor (or its licensee) to decide. I hereby relinquish all rights to review or approve any such use.

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I have full authority to grant this consent and release. Nothing herein violates the terms of any affiliation I may have with any third party and I take full responsibility for satisfying all obligations arising from any such affiliation.

I HEREBY RELEASE THE NATIONAL PARK FOUNDATION, THE NATIONAL PARK SERVICE AND ITS PARTNERS, UNILVER, THEIR SUBSIDIARIES, AFFILIATES, SUCCESSORS AND ASSIGNS, TOGETHER WITH THEIR OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, AGENCIES AND LICENSEES, FROM ALL LIABILITY IN CONNECTION WITH ANY USE OF THESE REPORTS/MEDIA.

Signed: _____

Parent or Guardian (Children Under 18 years old): _____

Organization: _____

Address:

Street City State Zip

Date: _____