



Las Vegas, NV

Registration Form / Waiver

I agree to allow my child/children \_\_\_\_\_ age/ages \_\_\_\_\_ to participate in the *Reality Tour*® and the self-reported survey data collection included in the program.

I understand that a parent or *legal* guardian must attend Reality Tour with any child under 18 and accompany the child throughout the entire Tour. If *legal* guardian, please provide your name here: \_\_\_\_\_

I have read the above and agree not to hold CANDLE, Inc. or its affiliates Education For Quality Living, Community Partners For Better Health and the PACT Coalition) liable for any claims, damages, demands, actions or lawsuits that could arise as a result of my participation or my minor child's participation in the *Reality Tour*®. News photographers may be present at a *Reality Tour*®.

\_\_\_\_\_  
Signature of parent or *legal* guardian Print name above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

City: \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Please list names, ages & grade level of youth attending & include names of ADULTS attending as well:

YOUTH FULL NAME	Age	Grade	ADULT FULL NAME	Zipcode

**TOUR TIME SELECTION:**

[ ] Saturday, June, 2020

Nevada Partners : 710 W Lake Mead Blvd, North Las Vegas, Nevada 89030

[ ] 9:00am

[ ] 1:00pm

By electronic or manual registration, I give permission, without restriction, to Community Partners for Better Health (CPBH) to photograph, videotape and/or quote me. I grant the right for use of these materials for **educational** and **promotional use**, at the discretion and direction of CPBH, **without payment or remuneration** for any appearances, use or displays.