



# THE CONGRESSIONAL AWARD

## Registration Form & Waiver

**MEMBER OF CONGRESS:** \_\_\_\_\_

*To find your US Representative, please visit [www.congress.org](http://www.congress.org)!*

### PARTICIPANT INFORMATION

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

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Male  Female

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

City: \_\_\_\_\_

State/ZIP: \_\_\_\_\_ / \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

Parents' Names: \_\_\_\_\_

*Parents names will be used for press purposes and are not mandatory*

School Attending: \_\_\_\_\_

Year of Study: \_\_\_\_\_

Affiliated Organization(s): \_\_\_\_\_

*Examples: 4H, Boy Scouts, Girl Scouts, YMCA, etc.*

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

### ADVISOR INFORMATION

*Choose an Advisor other than a parent, relative or peer!*

Advisor's Name: \_\_\_\_\_

Advisor's Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**SEND COMPLETED FORM AND \$15 REGISTRATION FEE TO:**

**The Congressional Award Foundation**  
P.O. Box 77440  
Washington, DC 20013

**\*\*Make checks payable to the Congressional Award\*\***

### WAIVER & AGREEMENT

I agree to the following Congressional Award Program ("Program") rules and requirements:

- I will select the activities I will perform in order to earn an award or certificate.
- I will not attempt to perform any activity until I have made certain that I can perform it safely.
- No one is authorized by the Program to: (i) advise as to the safety of any activity, or as to whether I am prepared to perform it safely, or (ii) supervise or exercise any control or authority over me or any other participant.
- **I hereby release and hold harmless each of the individuals and legal entities involved in the Program from any and all liability of any kind for any injury I might suffer while performing any activity in connection with the Program.**
- Information about me and my participation in the Program may be publicized by the Program.
- This agreement shall remain in effect as long as I am participating in the Program.

PARTICIPANT: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### PARENTS/GUARDIANS ACKNOWLEDGMENT\*

We are the parents or legal guardians of the Congressional Award participant listed above. We have read the foregoing Waiver and Agreement and agree on behalf of ourselves and the participant to the terms thereof. We will assure ourselves that the participant is aware of the risks involved in each activity and we take full responsibility in lieu of the Program for each activity.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*\* Required for all candidates who are not considered adults under their state law —generally all who are under 18 years of age.*

**If you have already registered with the Award, please disregard this form. You only have to register for the Congressional Award ONCE.**