



Registration Form

Event/ Program: _____

Name: _____

Emergency Contact: _____ Relationship: _____

Contact Phone Number: _____

If Applicable:

Child's Name: _____

Age: _____ Gender: _____

Emergency Contact: _____ Relationship: _____

Contact Phone Number: _____

Prices:

\$45 with chairs and 1 table

\$35 without chair and table

Only one table is allowed per vendor. Tents are allowed. Make payment with an office administrator. If you have any additional questions or concerns, please feel free to contact us at (708) 343- 5637 or bpd@broadviewparkdistrict.net.

PHOTOGRAPHY/VIDEO RELEASE FORM

I _____ (NAME) do hereby give full consent to the **Broadview Park District** to photograph and/or videotape, and publicly display and/or digitally publish footage in which we (self or children) may appear throughout the duration of _____ (EVENT NAME).

I hereby grant to you, your successor, assigns and licensees the perpetual right to use, as you may desire, all photographs, motion pictures and sound track recordings which you may make of me or my child, and the right to use my name and/or child's name or likeness in or in connection with the exhibition or any other use of such video or recording without limitations, reservations or compensations.

Read and confirm the following:

☐ Information that i provide will be held confidential, and will only be used to confirm my permission, if needed.

☐ I am over eighteen years of age.

☐ I have read this document and understand its contents.

Signature: _____

Name (print): _____

Name of Child (if applicable): _____

(Home Address): _____

Phone Number(s): _____

Date: _____

Email: _____