



# SAME DAY ADMISSION FORM

★ SATURDAY 9.30.2023 | 9 AM - 1 PM ★

### Admission Type:

- Adult** (age 14+)   
  **Youth** (age 3-13)   
  **Child** (2 and under)

### TICKET PRICES

Adults (age 14+).....\$35  
 Youth (age 3-13).....\$15  
 Under 2.....FREE

### MAKE CHECK

PAYABLE TO:

Alexandra House, Inc.

*Memo: HopeFest*

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Birth Date**

\_\_\_\_\_  
**Mobile Phone**

\_\_\_\_\_  
**Email**

**Waiver:** hereby acknowledge that Alexandra House, Inc. has not made any representations about the safety of the HopeFest and its activities. Therefore, while I am engaged in the HopeFest and related activities, I do hereby agree for myself, executors, administrators and assigns, that neither Alexandra House, Inc., nor any of its employees, volunteers, officials, or representatives shall be held responsible or liable for any negligence implied or otherwise, or personal injury, or death, or property loss, or damage suffered or sustained by me in connection with or arising out of participation in the HopeFest (and its associated activities). I further understand that running and walking in a race is a potentially hazardous activity and that I should not enter and participate unless I am medically able and properly trained. If, as a result of my participation, I should require medical attention, I hereby give my consent for whatever care is deemed necessary by the authorized medical personnel of HopeFest. Further, I do hereby, for myself, the participant, executors, and assigns, release and assume all risk whatsoever of personal injury or death or property damage or loss in connection with or arising out of or resulting from any or all activities engaged in by participant arising out of participation in the HopeFest and related activities and absolve and release Alexandra House, Inc., nor any of its employees, volunteers, officials or representatives from all liability thereof, and further, I do hereby consent and agree for myself, participant, executors, and assigns, not to sue, arrest, attach, or prosecute Alexandra House, Inc., nor any of its employees, volunteers, officials or representatives on account of any such personal injury or death or property damage or loss, it being my express intent and purpose to bind myself, participant, executors, administrators, and assigns hereby. I give permission for the Alexandra House to use any photography with my or my children's image for promotional purposes. In addition, I understand that if HopeFest is canceled by circumstances beyond the control of the organizers, my entry fee will not be refunded – but will be considered a tax-deductible donation.

\_\_\_\_\_  
**Signature** (parent or guardian if participant is under 18)

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

### ADMIN USE ONLY

Staff Initials: \_\_\_\_\_

Total Payment \$: \_\_\_\_\_

### PAYMENT TYPE:

- Cash                                     
  Sponsor Name: \_\_\_\_\_                     
  Scholarship  
 Check: # \_\_\_\_\_                     
  Donation: \$ \_\_\_\_\_  
 Credit Card Type: \_\_\_\_\_