



THE CONGRESSIONAL AWARD

Registration Form & Waiver

MEMBER OF CONGRESS: _____

To find your US Representative, please visit 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 \$10 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.