

# Congressional Award Registration Form

State/Congressional District 8th  
Member of Congress Michael Fitzpatrick  
Sponsoring Organization Children's Cultural Center  
(If Applicable)  
School Attending \_\_\_\_\_

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Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender  male  female  
Address \_\_\_\_\_  
\_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**Advisor's Name** \_\_\_\_\_  
Advisor's Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Have you previously been involved in The Congressional  
Award Program  Yes  No  
If so, did you earn an award  Yes  No

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Your signature \_\_\_\_\_  
Date \_\_\_\_\_

*Note: Send completed form,  
\$10 registration fee and signed waiver to:  
The Congressional Award Foundation  
P.O. Box 77440, Washington DC, 20013  
Telephone: 202-226-0130*

*Make Checks Payable to The Congressional Award*

**Disregard  
this form if you  
have previously  
registered.**

**Only Register ONCE  
and send your  
registration  
directly to the  
National office**

## WAIVER AND 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 old.