2018-2019 Registration Form / Waiver

The *Reality Tour*® is a national project of CANDLE, Inc. a non-profit organization *(www.RealityTour.org)*

Tour begins at: 6:30 PM **Murrysville Alliance Church**
4130 Old William Penn Highway
Murrysville, PA 15668

Check the date that is your first choice. Put a "2" beside date that is second choice

_____October 18 _____November 15 _____March 21 _____April 11

IMPORTANT REGISTRATION INFORMATION: **Your reservation will be confirmed!**
DO NOT ASSUME YOU ARE ACCEPTED FOR THE TOUR DATE REQUESTED
UNTIL YOU RECEIVE CONFIRMATION BY TELEPHONE, OR EMAIL.
Arrive promptly at 6:00 pm at Murrysville Alliance Church. No refund for late arrival, no-shows or cancellations.

The undersigned understands that the *Reality Tour*® includes the following scenarios:
(Please circle if you wish to *opt out* of any portion of the tour)
Peer Pressure Skit Emergency Room / Overdose Funeral Scene Arrest / Prison Surveys

*Some sections of the Reality Tour® may be emotionally disturbing and parental guidance is a **must**.*

I agree to allow my child/children _____age/ages_____
to participate in the *Reality Tour*® and the self-reported survey data collection included in the program.
To opt out of survey check here:___

I _____will (or) _____will not accompany my child on the tour. Parent or ***legal*** guardian must attend with any child under 18. If ***legal*** guardian, please name:_____
I have read the above and agree not to hold CANDLE, Inc. or its affiliates liable for any claims, damages, demands, actions or lawsuits that could arise as a result of my participation or my minor child's participation in the *Reality Tour*®. *News photographers may be present at a Reality Tour*®.

_____ _____ _____
Signature of parent or *legal* guardian **Print name here** **Date**

Address: _____ City:_____ State_____ Zip_____

Phone # _____ E-mail_____

Please list names & grade level of youth attending & include names of ADULTS attending as well:

1._____ 3. _____ 5._____

2._____ 4._____ 6._____

School District: _____

Number of persons attending _____@ $5.00 per person = $_____
You may add a tax-deductible contribution to support The Reality Tour®.
Donation amount = $_____
Total amount enclosed = $_____

Make checks payable to: ***Murrysville Alliance Church, memo "Reality Tour"***

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