WINTER WONDERLAND 2026

LOOK LIKE ME MENTORS INC. • COMMUNITY CHRISTMAS CELEBRATION

FAMILY & CHILDREN REGISTRATION

EVENT DETAILS

December 12, 2026 | 11:00 AM | Forest Hills United Methodist Church
904 W. Linebaugh Ave., Tampa, FL 33612

Parent / guardian full name

Phone

Email

Number attending in household

Street address

CHILDREN ATTENDING (list each child)

Child name	Age	Gift / clothing size or needs (optional)

FAMILY NEEDS / ACCOMMODATIONS (optional)

Emergency contact name

Emergency contact phone

PARENT / GUARDIAN ACKNOWLEDGMENT

I confirm that the information above is accurate to the best of my knowledge. I am the parent or legal guardian of the child(ren) listed, or I have authority to register them. I understand that registration is a request and does not guarantee acceptance, gifts, or availability of every requested item. I will remain responsible for my children unless event organizers expressly confirm otherwise.

Parent / guardian signature (typed name accepted)

Date

FAMILY REGISTRATION — PERMISSIONS

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PICK-UP / SUPERVISION INFORMATION

Authorized pickup person 1

Phone

Authorized pickup person 2 (optional)

Phone

PHOTO / VIDEO PERMISSION — OPTIONAL

Look Like Me Mentors Inc. may take photographs or video during the event for organizational documentation and community outreach. Your choice below is optional and will not determine eligibility for event benefits. Please select one:

- ☐ YES — I give permission for my child(ren) / household members to be photographed or recorded.
- ☐ NO — I do not give permission for my child(ren) / household members to be photographed or recorded.

IMPORTANT FAMILY INFORMATION

Please share only information needed to help the event team plan for your household. Do not include Social Security numbers, financial account details, or other highly sensitive information. If a child has an urgent medical or safety concern, speak directly with an event organizer before the event.

Additional notes for organizers (optional)

CONFIRMATION

I understand that children must be accompanied and supervised by their parent / guardian unless a separate written supervision arrangement is confirmed by the organizers. I agree to follow event check-in and release procedures.

Parent / guardian signature (typed name accepted)

Date

LIABILITY WAIVER & EVENT RISK ACKNOWLEDGMENT

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PLEASE READ CAREFULLY BEFORE SIGNING

Participant / volunteer name: _____

1. EVENT PARTICIPATION AND RISKS

I understand that participation in or volunteering at Winter Wonderland 2026 may involve ordinary risks associated with a community event, including slips, trips, falls, food-related reactions, contact with other attendees, use of decorations or activity materials, and travel to or from the event. I choose to participate voluntarily and agree to use reasonable care.

2. PERSONAL RESPONSIBILITY

I agree to follow posted instructions and directions from event staff, use equipment only as instructed, supervise my own belongings, and promptly notify an organizer of unsafe conditions, injuries, or incidents. I will not participate in an activity if I believe it is unsafe for me.

3. RELEASE — ADULT SIGNER'S OWN CLAIMS

To the fullest extent permitted by applicable Florida law, I release and hold harmless Look Like Me Mentors Inc., its officers, directors, employees, and event volunteers from claims I may personally bring for ordinary negligence arising from my participation, except to the extent a claim cannot lawfully be released, including claims based on gross negligence, reckless conduct, or intentional misconduct. This paragraph is intended to address only the adult signer's own claims and does not purport to waive or release any claim belonging to a minor.

4. MEDICAL EMERGENCY

If I am injured or become ill and cannot make decisions, I authorize event personnel to contact emergency services. I understand that event personnel are not medical professionals and that I am responsible for any costs of medical care or transportation, subject to applicable law and insurance.

5. PERSONAL PROPERTY AND CONDUCT

I understand I am responsible for my personal property and agree to behave respectfully. Organizers may ask a participant to leave if their conduct creates a safety concern or materially disrupts the event.

Printed name

Signature (typed name accepted)

Date

Phone

PARENT / GUARDIAN CONSENT FOR MINOR PARTICIPANTS

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COMPLETE ONE FORM FOR EACH FAMILY; LIST ALL PARTICIPATING MINORS

Parent / guardian full name

Phone

Names and ages of participating minor children

PARENT / GUARDIAN CONSENT

I give permission for the minor child(ren) named above to attend Winter Wonderland 2026. I understand that this is a community celebration and that activities may include gathering with other guests, games or crafts, food service, and gift distribution. I understand that event staff are not acting as my child's parent or legal guardian, and I remain responsible for my child's supervision unless a separate written arrangement is expressly confirmed.

EMERGENCY MEDICAL AUTHORIZATION

If I cannot be reached in an emergency, I authorize event organizers to contact emergency medical services for my child when they reasonably believe urgent assistance is needed. I understand organizers will make reasonable efforts to contact me or the emergency contact listed on the registration form. I understand that this authorization does not make organizers medical providers and does not guarantee that medical treatment will be available. I accept responsibility for communicating relevant medical or safety information directly to event organizers.

IMPORTANT NOTICE ABOUT MINORS' LEGAL RIGHTS

This form records parental permission and acknowledgment of ordinary event risks. It does NOT ask a parent or guardian to waive, release, or surrender a minor child's legal claims. Any release involving a minor's rights requires separate legal advice and review under applicable Florida law.

☐ I understand organizers will attempt to contact me / my emergency contact if an emergency occurs.

Parent / guardian signature (typed name accepted)

Date

Email

Emergency contact name and phone