

Congressional Award Registration Form

State/Congressional District _____

Member of Congress _____

Sponsoring Organization _____
(If Applicable)

School Attending _____

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

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.