



Sponsored by *Wellspring* Christian Family Schools
SAVE TIME – REGISTER ONLINE – www.wcfs.edu

Expo Project Entry Form

MAIL: 11687 SABILLASVILLE RD.
SABILLASVILLE, MD 27780
FAX: 301-241-2073

EMAIL: INFO@WCFS.EDU

ENTRY DEADLINE IS THE MONDAY TWO WEEKS FROM EXPO

Exhibitor Name _____ Age _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Release & Waiver of Liability Agreement

In consideration of my family's request to participate partially of wholly in the Walkersville Christian Family Schools' Family Heritage Expo, held at the Great Frederick Fair Grounds in Frederick, MD, for myself, my family, my personal representatives, assign heirs and next of kin do 1.) ASSUME ALL RISKS, 2.) ACCEPT ALL LIABILITY, 3.) HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND SAVE HOLD HARMLESS Walkersville Christian Fellowship Inc., its board of Trustees and Elders, Walkersville Christian Family Schools and its board of Advisers, Superintendent, Administrator, staff, employees, and volunteers, and the owner of the premises on which the several events are held (each considered on the "Releases" herein) FROM ALL LIABILITY, CLAIMS, LOSSES, OR DAMAGES ON MY BEHALF CAUSED OF ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE 'RELEASES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS, AND 4.) AGREE TO RESOLVE ALL DESPUTES, CLAIMS OR ALLEGATIONS (INCLUDING NEGLIGENCE) OF ANY IND WITH THE BOARD OF TRUSTEES OF THE WALKERSVILLE CHRISTIAN FELLOWSHIP , IND. BEING THE SOLE AUTHORITY.

We, the undersigned, have read and understand the rules and guidelines specified in the Family Heritage Expo Handbook and hereby we agree to abide by them and cooperate with them as participants in the Expo.

Signed _____ Date _____

LET YOUR LIGHT SO SHINE BEFORE MEN THAT THEY MAY
SEE YOUR GOOD WORKS AND GLORIFY OUR FATHER,
WHO IS IN HEAVEN.
MATTHEW 5:16

Applicant's Age Level:

- Primary (age 0-6)
- Elementary (age 7-10)
- Junior High (age 11-13)
- High School (age 14-19)
- Family (age 0-100)

DEPT	CLASS	PROJECT NAME	PROJECT DESCRIPTION	TABLE/FLOOR SPACE NEEDED	SPECIAL NEEDS (ELECTRICAL HOOKUP ETC.)	FEES IF APPLICABLE

TOTAL DUE: