



Media / Press Show Registration Nov. 14 & 15, 2009

Name: _____

Affiliation: _____

Address: _____

City, State, Zip: _____

Number in crew (including yourself):

Check all that apply:

- Editor
- Reporter
- Photographer
- Videographer
- Contributor
- Other _____

Will you require interviews?

Yes No

If yes to the above, check any of the following:

- Show Staff
- Committee Member
- Air Show Performer
- Re-enactment Performer
- Sponsors
- Dignitaries
- Other _____

Will you require a media ride?

Yes No

Application Instructions:

1. Complete application
2. All applications must be signed by applicant.
3. One form per person.
4. Submit completed form to:

VNA Air Show
Attn: Teresa Roberts
2400 SE Monterey Road, Suite 300
Stuart, FL 34996
P 772.286.1844 F 772.286.0738

Waiver: I desire to participate in the Visiting Nurse Association Air Show and will do so at my own risk. The Visiting Nurse Association of Florida, Inc., Martin County and Martin County Airport shall not be liable for and hereby released from any claims, liabilities, losses, damages, costs or expenses related to or arising out of any injury to my person. I personally hereby forever release, acquit, discharge, indemnify and hold harmless, the Visiting Nurse Association of Florida, Inc., Martin County and Martin County Airport its agents, and employees from any and all causes of action including personal liability, illness, death and property damage, costs, charges, claims, demands and liabilities and liabilities of whatever kind. I also give my permission for the free use of my name and picture in broadcast, telecast, written or pictorial accounts of this event. I have read and understand the waiver and have signed voluntarily.

Signature: _____

Date: _____