



Expo Project Entry Form

ENTRY DEADLINE IS TWO WEEKS BEFORE EXPO
SAVE TIME — REGISTER ONLINE: wcfs.edu/expo
One Form Per Exhibitor

16827 Sabillasville Rd
 Sabillasville, MD 21780
 info@wcfs.edu
 Phone: (301) 241-2072
 Fax: (301) 241-2073
wcfs.edu/expo

Exhibitor Name _____ Age _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Age Level - at time of project:

| | |
|-------------|-------|
| Primary | 0-6 |
| Elementary | 7-10 |
| Junior High | 11-13 |
| High School | 14-19 |
| Special Ed | 0-100 |
| Family | 0-100 |

Release & Waiver of Liability Agreement

In consideration of my family's request to participate partially or wholly in the **Wellspring** Christian Family Schools' **Family Heritage Expo**, held at the WCF/S Campus, Sabillasville, 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, Wellspring 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 DISPUTES, CLAIMS OR ALLEGATIONS (INCLUDING NEGLIGENCE) OF ANY KIND WITH THE BOARD OF TRUSTEES OF THE WELLSPRING CHRISTIAN FELLOWSHIP, INC. 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**

| DEPARTMENT | PROJECT NAME | PROJECT TYPE | SIZE NEEDED | SPECIAL NEEDS (ELECTRICAL HOOKUP ETC.) |
|------------|--------------|--------------|--|---|
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For printing: this form is laid out for a 'legal size' paper.
 If using letter paper, set custom scale to 85% for best results.