



BUDDY CLUB

PARTICIPANT REGISTRATION

****All participants must be picked up no later than 8:00PM from UCP. No transportation will be provided.**

Participant Name: _____ DOB: _____
(PLEASE PRINT CLEARLY)

Disability: _____

Address: _____ City: _____ Zip: _____

Phone: (H): _____ (C): _____

Email: _____

****Most correspondence will be done via email***

EMERGENCY CONTACT INFORMATION

Parent/Guardian/Emergency Contact Name(s): _____

Phone: _____ Relation: _____

Health Questions Regarding Participant:

Is any part of your body paralyzed? Yes No Comment: _____

Do you have altered hot/cold sensation? Yes No Comment: _____

Do you use American Sign Language? Yes No Comment: _____

Do you have difficulty speaking? Yes No Comment: _____

Do you need assistance with personal needs? (i.e. feeding or hygiene) Yes No

If yes, who will be accompanying you to help assist you?

Do you have other medical conditions we should be aware of? Yes No

If yes, what are they? PLEASE SPECIFY ANY FOOD ALLERGIES.

Do you use adapted equipment? If yes, what kind? _____



Image Release and Liability Waiver

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate on behalf of Society for disABILITIES' programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. Their likeness, or the likeness of their child/ward may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program; and,
2. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce the risk, the risk of serious illness and death does exist; and,
3. I knowingly and freely assume all such risks, both known and unknown to me or are not foreseeable at this time, even if arising from the negligence or fault of the Released Parties, and assume full responsibility for my participation; and,
4. I hereby knowingly assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Society for disABILITIES their directors, officers, employees, volunteers, agents, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, the owners and lessors of premises used to conduct the event ("Released Parties"), with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence or fault or conduct of any kind on the part of the Released Parties, to the fullest extent permissible under applicable law; and,
6. I agree that the staff and volunteers of Society for disABILITIES may authorize emergency medical treatment for me, or for my child(ren), up to and including emergency hospitalization and surgery. I give the Society and volunteers the right to determine the appropriate medical facility/provider in the absence of a parent or caregiver. I agree to be personally responsible for any related medical expenses.

I HAVE CAREFULLY READ ALL PROVISIONS OF THIS RELEASE, WAIVER, AND ASSUMPTION OF RISK, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT FREELY AND VOLUNTARILY.

Participant Name: _____
(PLEASE PRINT CLEARLY)

Participant Signature: _____ Date: _____

Parent/Guardian Name*: _____
(PLEASE PRINT CLEARLY)

Parent Signature*: _____ Date: _____

***PARENT SIGNATURE REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE OR IS UNABLE TO LEGALLY GIVE EFFECTIVE CONSENT.**