

Directions for filling out the Common Ground Outdoor Adventures Release Form:

- ❖ To participate **everyone** must sign a waiver **AND** fill out a registration packet
- ❖ **Sign and date the first block for the liability release** (guardians please fill out the information for your charge) If a participant is under the age of 18 or legally incapacitated, their name **MUST** appear on the top line of the form (as the participant) in addition to the parent/legal guardian/legal representative completing the second part (SEE EXAMPLE BELOW).
- ❖ Sign and date the media release
- ❖ **SIGNATURE MUST BE ORIGINAL IN BLUE OR BLACK INK (NO photocopies or faxes accepted)**

1. **Risks of Activity.** Participants who participate in these activities can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. **Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees

Participant's participation in the activities.

3. **Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.

4. **Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of MD and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Montgomery County, MD; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.**

<i>Participant's Signature</i>	<i>Emma Waylan</i>	<i>Date</i>
--------------------------------	--------------------	-------------

**FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED**

Undersigned parent, or legal guardian or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent, or legal guardian or legal representative of a minor or legally incapacitated adult, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. If signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adults represent that they are a parent, legal guardian or legal representative of the Participant.

<i>8/9/04</i>	<i>Bryan Waylan</i>	<i>Bryan Waylan</i>	<i>Father</i>	<i>10/13/15</i>
<i>Minor's DOB</i>	<i>Parent/Legal Guardian or Representative Signature</i>	<i>Parent/Legal Guardian or Representative Name</i>	<i>Relationship</i>	<i>Date</i>

**MEDIA RELEASE FORM**

**MEDIA/PHOTO WAIVER:** Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

<i>Participant's Signature</i>	<i>Emma Waylan</i>	<i>Date</i>
--------------------------------	--------------------	-------------

<i>Bryan Waylan</i>	<i>Bryan Waylan</i>	<i>Father</i>	<i>10/13/15</i>
<i>Parent/Legal Guardian or Representative Signature</i>	<i>Parent/Legal Guardian or Representative Name</i>	<i>Relationship</i>	<i>Date</i>

Disabled Sports USA - Revised 09/2015

Example of legal guardian signed waiver.

# Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, Common Ground Outdoor Adventures and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

**In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Common Ground Outdoor Adventures related events and activities, the Undersigned ("Undersigned" means the Participant or the Participant's parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:**

**1. Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

**WARNING:** The inherent risks of equine activities are those dangers or conditions which are an integral part of equine activities, which may include: (a) the propensity of the animal to behave in ways that may result in injury, harm, or death to persons on or around them; (b) the unpredictability of the animal's reaction to outside stimulation such as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (c) collisions with other animals or objects; or (d) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. Under Utah law, an equine activity sponsor is not liable for the inherent risks of equine activities.

**2. Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of actions for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or

relating to Participant's participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the activities.

**3. Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.

**4. Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of UT and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Cache County, UT; and (c) this agreement shall be binding upon the subrogers, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.**

<b>Participant's Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

**FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED**

Undersigned parent, or legal guardian or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent, or legal guardian or legal representative of a minor or legally incapacitated adult, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. If signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adults represent that they are a parent, legal guardian or legal representative of the Participant.

<b>Minor's DOB</b>	<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>

**MEDIA RELEASE FORM**

**MEDIA/PHOTO WAIVER:** Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

<b>Participant's Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>



T: 435-713-0288                      335 N. 100 E.  
 F: 435-713-2108                    Logan, Utah 84321  
 www.cgadventures.org              info.cgadventures@gmail.com

Date Received:    /    /

## Participant Registration Packet and Medical History

This packet must be completed annually. **This form is confidential and is MANDATORY for registration.**

### PARTICIPANT CONTACT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Height: \_\_\_ft \_\_\_in Weight: \_\_\_\_\_ Male: \_\_\_ Female \_\_\_ E-mail Address: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 County \_\_\_\_\_  
 State \_\_\_ Zip Code \_\_\_\_\_ Phone: Day/Cell (\_\_\_\_) \_\_\_\_\_ Eve: (\_\_\_\_) \_\_\_\_\_  
 Name of Caregiver/Staff/Parent to contact with information and for scheduling \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship \_\_\_\_\_ Agency/Group: \_\_\_\_\_

### EMERGENCY INFORMATION:

Relative or close friend: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: Day/ Cell (\_\_\_\_) \_\_\_\_\_ Evening:(\_\_\_\_) \_\_\_\_\_  
 Health insurance company \_\_\_\_\_ Policy# \_\_\_\_\_ Physician: \_\_\_\_\_

### GUARDIAN INFORMATION Are you your own guardian? \_\_Yes \_\_No

If no, please answer the following regarding your guardian

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_ Zip Code \_\_\_\_\_ Phone: Day/Cell (\_\_\_\_) \_\_\_\_\_ Eve: (\_\_\_\_) \_\_\_\_\_

### OTHER PARTICIPANT INFORMATON

**Do you have a disability (cognitive, mental, physical, multiple)?** Yes \_\_\_ No \_\_\_ \*please note: our mission is to serve individuals with disabilities. To qualify for most programs you must have a disability.

Diagnosis – Primary: _____	
Secondary: _____	
Details: _____	
Date of Onset: _____	
Have there been any seizures in the last year? ___ Yes ___ no	
If yes, date of most recent? _____	
Type of seizure: _____	
Are they controlled? ___ Yes ___ no	
Military service: ? ___ none ___ active duty ___ veteran	
Branch: _____	

<input type="checkbox"/> Walking
<input type="checkbox"/> Partial walking/partial wheelchair
<input type="checkbox"/> Wheelchair – check one: <input type="checkbox"/> manual <input type="checkbox"/> power
Please list any mobility aides used in ambulation
Describe assistance needed when transferring:

Please indicate any movement or strength limitations you have. If it is not the same on both sides of your body, use the Left (L) and Right (R) choices to clarify those differences.

STRENGTH	Weak			Average			Strong		Range of Motion	Normal			Limited	
	(L)	(R)		(L)	(R)		(L)	(R)		(L)	(R)			
Upper body									Upper body motion					
Lower Body									Lower body motion					

If you have a **visual impairment**, please tell us about your vision:

---

If you have a **hearing impairment** please tell us about your hearing:

**PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS**

	YES	NO	DETAILS Use the space below to provide details about anything for which you checked YES.
Is any part of your body paralyzed?			
Do you have altered hot/cold sensation?			
Do you use American Sign Language			
Do you have difficulty speaking or communicating			
Do others have difficulty understanding you?			
Do you have difficulty remembering things?			
Do you have difficulty following directions?			
Do you become easily frustrated?			
Do you ever verbally or physically lose control?			
Do you need assistance using the restroom?			

Do you have any other medical conditions we should be aware of, for example: fused joints, cardiac?:

**Dietary Restrictions** List any food restrictions.

\_\_\_ No concerns

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Describe medications you are currently taking**

\_\_\_ No concerns

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*Common Ground Staff and Volunteers are not authorized to administer medications. You must bring a care provider if you need assistance in this area.*

**Rate the following items in terms of Difficulty Functioning**

(0) No Difficulty (1) Slight Difficulty (2) Moderate Difficulty (3) High Difficulty (4) Extremely Difficult

Ability to Self Control ___	Speech ___	Range of Motion ___	Balance ___
Decision Making ___	Spacial Orientation ___	General Strength ___	Endurance ___
Concentration ___	Frustration Tolerance ___	Muscle Tone ___	Gross Motor ___
Memory ___	Following Directions ___	Upper Body Strength ___	Fine Motor ___
Learning Ability ___	Switching Focus ___	Lower Body Strength ___	Torso Control ___

Any other information you feel would be helpful:

**Participation Information:** Please check ✓ the activities in which you are interested in

Summer			Winter				
<input type="checkbox"/>	Camping	<input type="checkbox"/>	Waterskiing	<input type="checkbox"/>	Alpine Skiing	<input type="checkbox"/>	Warfighter Trips
<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Paddle Boarding	<input type="checkbox"/>	Cross-Country Skiing	<input type="checkbox"/>	Blind Ski Camps
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Socials	<input type="checkbox"/>	Sled Hockey	<input type="checkbox"/>	Mono-Ski Camps
<input type="checkbox"/>	River Rafting	<input type="checkbox"/>	Warfighter Trips	<input type="checkbox"/>	Snowshoeing	<input type="checkbox"/>	Other?
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Canoeing	<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>	
<input type="checkbox"/>	Rock Climbing	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Socials	<input type="checkbox"/>	
<input type="checkbox"/>	Swimming	<input type="checkbox"/>		<input type="checkbox"/>	Trips	<input type="checkbox"/>	

participating.

While wearing a pfd (life-jacket), are you able to turn from face down to face up in the water? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your interests?

**Have you ever been convicted of a felony (excluding any record that has been judicially sealed, expunged, eradicated or dismissed)?**  Yes  No if yes, please attach a page of explanation.

\*\*\*\*We have a grant for repairs on our facility and we NEED this information. Thank you for your help  
 THE INFORMATION IS STRICTLY CONFIDENTIAL

## CDBG PY2016 - Survey Form

Name: \_\_\_\_\_

Do you have a disability of any kind?      Yes                   No

1. <b>Income:</b> Based on the number of people in your household, circle which income range describes your total household income.	Number of people in household	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
	Income Range 1	\$0 to \$12,850	\$0 to \$15,930	\$0 to \$20,090	\$0 to \$24,250	\$0 to \$28,410	\$0 to \$32,570	\$0 to \$36,730	\$0 to \$40,400
Income Range 2	\$12,851 to \$21,450	\$15,931 to \$24,500	\$20,091 to \$27,550	\$24,251 to \$28,410	\$28,411 to \$33,050	\$32,571 to \$35,500	\$36,731 to \$37,950		
Income Range 3	\$21,451 to \$34,300	\$24,501 to \$39,200	\$27,551 to \$44,100	\$28,411 to \$48,950	\$33,051 to \$52,900	\$35,501 to \$56,800	\$37,951 to \$60,700	\$40,401 to \$64,650	
Income Range 4	\$34,301 or more	\$39,201 or more	\$44,101 or more	\$48,951 or more	\$52,901 or more	\$56,801 or more	\$60,701 or more	\$64,651 or more	
2. <b>Ethnicity:</b> Please circle which ethnic group applies.	Not Hispanic or Latino/a				Hispanic or Latino				
3. <b>Race:</b> Please circle which race applies.	<b>Race</b>								
	White								
	Black/African American								
	Asian								
	American Indian / Alaskan Native								
	Native Hawaiian / Other Pacific Islander								
	American Indian / Alaskan Native & White								
	Asian & White								
	Black/African American & White								
	American Indian / Alaskan Native & Black/African American								
Other:									
4. <b>Head of Household:</b> Circle which gender applies to the head of your household.	Male				Female				
5. <b>Area of residence:</b> Please circle which area you reside in.	Logan				Outside of Logan				