Group Name:		Adult	Junior
U.S. Adaptive Recreation Center	Participant Informatio	n Form Summe	er 2018
Name:	Home Phone:		
Address:	Work Phone:		
City:	Cell Phone:		
State: Zip:	E-mail address:		
County (ie: LA, Orange, San Bernardino):	Weight:	Height:	
Date of Birth: Age:	M/F:	LGBTQ:	
Parent/Guardian Name:			
Emergency Contact Name:	Phone	<u></u>	
Physician/Hospital Name:			
Insurance Company:			
PARTICIPANT DETAILS		· ··· ·	
1. Participant disability (be specific as to physical	l or cognitive elements):		
		Date of onset:	
2. Do you use a wheelchair? Yes No If			ıual
3. What aids, if any, do you use to walk? (ie: wa		•	
4. Do you have seizures? Yes No Type			
5. Frequency of seizures:			
6. Are you currently taking any medications?			No
If yes, please list medications (attach additional page if necessary):			
7. Are you allergic to anything, (i.e. medication, food, etc.)?			No
If yes, please list allergies:		Yes	
8. Do you have any specific dietary requirements (allergies, vegetarian, etc.?)			No
If yes, please explain:			
9. Do you need to limit your activities for any reason?			No
If yes, please explain:			1,0
10. Do you utilize the services of an aide/attendant for any reason?			No
If yes, please explain:			110
11. Can you swim? Yes No If no, are you comfortable in deep water wearing a life vest?			No
12. Are you able to turn yourself over from a face down position in the water while wearing a life vest			No
13. Are you currently under a physician's care for	-	-	
diabetes, heart trouble, spinal stabilization, shu	_	•	No
•		•	
If yes, please explain (attach additional page i			
14. Have you participated in USARC SUMMER p			
15. How did you first hear about USARC?			
Military/Veteran Information ist Actual Years Served(i.e. 2010,2011,etc):	Participant Type	e ce Member Injured Post 2001	
Rranch	□ Servi	ce Member Injured Pre 2001	
Rank	□ Gues	t/Family Member	
Date of Injury	□ Veter	an Support Staff	
Place of Injury	□ Othor	•	

## 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, United States Adaptive Recreation Center 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 United States Adaptive Recreation Center 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.
- 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

- 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 California and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in San Bernardino County, California; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

Participant's Signature		Participant's Name (please print clearly)	Date		
	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 th 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 legal incapacitated adult, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor or legal 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. signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adults represent that they are parent, legal guardian or legal representative of the Participant.			shall be bound by all the e of a minor or legally f of the minor or legally egal guardian or legal pate in the activities. If		
Minor's DOB	Parent/Legal Guardian or Representative Signature	nature Parent/Legal Guardian or Representative Name Relationsh	p Date		

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

cause to be used,	these digital recordings, photog	raphs, videotapes, or films for any exhibitions rnet without limitations or reservations.	•	•
Part	icipant's Signature	Participant's Name (please print clearly)		Date
Parent/Legal Guar	dian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationshin	Date

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all

## **USARC Statistics Page**

To keep our fees low, USARC uses this information to qualify for grants to various philanthropic foundations and organizations. The information you provide is for USARC statistical purposes only and is strictly confidential. The financial information of individuals is never provided to any organization or foundation.

artic	ipant Name					
Group	Name (if a	applicable):				
Please	e answer e	ach of the followin	g questions.			
<ol> <li>This question helps you determine the size of your household. For this question a group of related or unrelated persons occupying the same house with at least one m head of the household. Renters, roomers, or borders cannot be included as household.</li> </ol>				e member being the		
	How many persons are in your household?					
2.	This question asks if you are from a low- and moderate-income household. For this question a lis of EXTREMELY LOW-INCOME, VERY LOW and LOW-INCOME categories are presented below These figures are calculated by using FY2018 Income Limits Summary from the HUD website for the 5 largest counties USARC serves.					
	5 largest of	counties USARC sei	ves.			
pro exc	ing the nunmbined grovided (for ceed \$31,44	nber of persons in yoss annual incomexample, if your houds, then you would both LOW INCOME:	our household y le of those pers usehold has 5 p	ou listed above, references. Place a cheersons whose combark in the "EXTREM"  VERY LOW IN	ck mark in ONE vined gross annu ELY LOW INCO COME:	of the four blanks ial income does no
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	Non-	
Hispanic	Hispanic	
		White
		Black/African American
		Asian
		American Indian/Alaskan Native
		Native Hawaiian/Other Pacific Islander
		Black/African American & White
		Asian & White
		American Indian/Alaskan Native & White
		American Indian/Alaskan Native & Black/African American
		Balance/Other