

# Disabled Sports USA, Far West Participant Information 2007

NO BARRIERS FESTIVAL CYCLING

Name: (Participant) \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: Male/Female: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

*If Participant is a Minor:* Parent's Name(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Medical Information

YOUR DISABILITY: \_\_\_\_\_ How long? \_\_\_\_\_

**Please answer the following questions. If you reply "yes" to any question, please explain in space provided. Attach additional sheets if necessary.**

Have you had any significant injuries or surgeries in the past 6 months? \_\_\_\_\_

Do you experience seizures? Do you currently take seizure medication? \_\_\_\_\_

Are you currently taking any medication(s) \_\_\_\_\_

Do you have any hidden medical conditions or disabilities? \_\_\_\_\_

Do you have any medical instructions for us? \_\_\_\_\_

How long can you be "medically" independent, ie. without medication, oxygen, etc? \_\_\_\_\_

Do you have any special dietary requirements? \_\_\_\_\_

For participants with Down Syndrome: Have you been examined by a physician for Atlantoaxial Instability?

Results/Finding: \_\_\_\_\_

Do you walk? If "yes," % of time \_\_\_\_\_ with what kind of aid? \_\_\_\_\_

Using arm strength, can you push your wheelchair independently?

Do you have rods stabilizing any part of your spine? If "yes," length of time you've had them: \_\_\_\_\_

**Sit-down skiers: While strapped in your mono-ski or bi-ski you will unload the chairlift, with assistance, by dropping down as much as 2 feet onto the unloading ramp. In this unloading process, your hips and back must be able to sustain the jarring that will occur. Also in learning to ski sitting down you will be taught how to roll over on your side and shoulders as a method of stopping. Initial \_\_\_\_\_**

**Water skiing:** Skiers will be towed behind or along side a motorboat at speeds up to 25mph. Should you fall, your body must be able to sustain the impact of hitting the water at these speeds. Initial \_\_\_\_\_ **Whitewater rafting:** You will be riding a raft through up to Class 3 rapids. Your body must be able to sustain bouncing incurred during these rapids and possibly falling out of the raft. Initial \_\_\_\_\_ **4-wheel drive trips:** You will experience a bouncing motion from the vehicle driving over rough terrain. Initial \_\_\_\_\_

**Cycling:** You may be traveling at speeds up to 25mph. Should you fall, your body must be able to sustain the impact of hitting a paved or dirt bike path at these speeds. Initial \_\_\_\_\_ **Jet skiing:** Your body must be able to sustain bouncing incurred during the jet ski ride and possibly falling off the jet ski. Initial \_\_\_\_\_

**If you think any of the above sports may cause you pain or injury, please consult your doctor before participating and bring a doctor's written release with you.**

*In signing below, I verify that the information above is current and accurate. I understand that the information above is confidential and will be used only by Disabled Sports USA Far West.*

Printed Name Signature Date

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DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in DISABLED SPORTS USA and DISABLED SPORTS USA FAR WEST's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

- 1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA FAR WEST of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA and DISABLED SPORTS USA FAR WEST, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X
Participant's Name (PLEASE PRINT CLEARLY) Signature Date
FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X
Parent/Guardian Name (PLEASE PRINT CLEARLY) Signature Date

Emergency Contact Name: Phone:
Emergency Contact Name: Phone:

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA and Disabled Sports USA Far West to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this Disabled Sports event. I further agree that Disabled Sports may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X
Participant/Guardian Name (PLEASE PRINT CLEARLY) Signature Date