



# Disabled Sports USA, Far West Participant Information

2012

Name: (Participant) \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Occupation: \_\_\_\_\_ Military Rank & Branch: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### ***If Participant is a Minor or Dependent Adult:***

**Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ ( H W C )

### **PARTICIPANT DISABILITY:** \_\_\_\_\_ How long? \_\_\_\_\_

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

*For participants with **Down Syndrome:** We require an examination by a physician for **Atlantoaxial Instability** before participating. Physician Results/Findings: \_\_\_\_\_*

**Please give explanation in space provided.**

**Inform instructor of any additional information.**

### ***“Does Participant...”***

1. Have seizures? \_\_\_\_\_ Type? \_\_\_\_\_ Frequency? \_\_\_\_\_ Date of last seizure? \_\_\_\_\_  
 Seizure management (e.g. Meds, etc.): \_\_\_\_\_
2. Have allergies (e.g. latex, bees, foods, drugs)? \_\_\_\_\_
3. Take medications we should be aware of? \_\_\_\_\_
4. Need precautions taken for any injuries or surgeries in the past 6 months? \_\_\_\_\_
5. Have other hidden medical conditions? \_\_\_\_\_
6. Have sensitivity to cold, heat or sun? \_\_\_\_\_ Fatigue easily? \_\_\_\_\_
7. Have a respiratory condition? \_\_\_\_\_ Have a cardiovascular condition? \_\_\_\_\_
8. Use manual wheelchair? \_\_\_\_\_ What % of time? \_\_\_\_\_ Power wheelchair? \_\_\_\_\_ What % of time? \_\_\_\_\_
9. Need assistance operating wheelchair? \_\_\_\_\_ Transferring to or from wheelchair? \_\_\_\_\_
10. Walk? \_\_\_\_\_ What % of time? \_\_\_\_\_ With what kind of aid? \_\_\_\_\_
11. Wear any braces? \_\_\_\_\_ Type of brace: \_\_\_\_\_
12. Have rods stabilizing any part of spine? \_\_\_\_\_ How long: \_\_\_\_\_
13. Have any pressure sores/significant bruises? \_\_\_\_\_
14. Describe communication abilities. \_\_\_\_\_
15. Describe vision and hearing abilities. \_\_\_\_\_
16. Describe behavioral tendencies. \_\_\_\_\_ Describe cognitive level. \_\_\_\_\_
17. Describe arm strength \_\_\_\_\_ grip strength \_\_\_\_\_ feeling \_\_\_\_\_ range of motion \_\_\_\_\_
18. Describe leg strength \_\_\_\_\_ balance \_\_\_\_\_ feeling \_\_\_\_\_ range of motion \_\_\_\_\_
19. How long can you be independent from medications, oxygen, etc. that you cannot have on your person? \_\_\_\_\_
20. **If help is needed with bladder or bowel routine, feeding tube, or administering prescription medications attendant or family member will be present to assist. Initial \_\_\_\_\_**



**DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY  
and MEDIA RELEASE FORM**



**DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM**

In consideration of being allowed to participate in any way in Disabled Sports USA and Disabled Sports USA Far West 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 and 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, other employees, and volunteers 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 Signature                      Participant's Name (PLEASE PRINT CLEARLY)                      Date

**Date of Birth \_\_\_\_\_ 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/Legal Guardian Signature      Parent/Legal Guardian Name      Relationship      Emergency Phone      Date

**MEDIA RELEASE FORM**

**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, digital recordings, videotapes and/or film in which I appear may be used for public view. I further agree that Disabled Sports USA and Disabled Sports USA Far West 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.

X \_\_\_\_\_  
Participant's Signature                      Participant's Name (PLEASE PRINT CLEARLY)                      Date

**FOR PARTICIPANTS UNDER THE AGE OF 18**

X \_\_\_\_\_  
Parent/Legal Guardian Signature      Parent/Legal Guardian Name      Relationship      Emergency Phone      Date