



2016 PARTICIPANT REGISTRATION

Forms are required on an annual basis.

It is the responsibility of the participant, parent or legal guardian to keep this information current.

Participant Information

Participant's Name: _____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Male/Female: _____ Age: _____ Birth Date: _____

Diagnosis: _____

Medical Alert/Allergies: _____

Parent/Guardian Information:

Parent/guardian Name: _____

Parent/guardian Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact Information

1. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

3. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Transportation:

Please identify the type/types of transportation available to Friendship Adventures activities:

_____ Access Transportation Access ID No. _____

_____ DART DART ID No. _____

_____ Other Public Transportation

_____ Parent or Guardain

_____ Adult Family Home/Group Home

_____ Drives own vehicle

_____ Other: _____

Identification:

** Please attach a photo copy of the participant's photo identification here:

Medical Emergency

I hereby give permission to the medical personnel selected by my assigned chaperone to order x-rays, routine tests and treatment for applicant as named above; and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the chaperone to hospitalize, secure proper treatment for and to order injection, and/or an anesthesia and/or surgery for applicant as named above during the dates specified above.

Physician/Clinic Name: _____

Insurance Information: _____

Signature: _____ Relationship to Participant: _____
(Parent/Legal Guardian)

Date: _____

Dietary Restrictions: (please note: it may be necessary for participants with specific dietary issues to provide their own food at activities)

Current Medications:

MEDICATION	DOSAGE	TIMES

Please list all current medications – use separate page if necessary

Special Instructions :

Photographic Release

I consent and authorize Friendship Adventures to take photos and/or video of the above named participant during activities. I understand that the resulting materials may be used for travel purposes/ identification, distributed to the participant, or for informational presentations about Friendship Adventures and on our website and brochures.

_____ Initial here if you **DO NOT** want participant’s picture taken at any time.

**** Note: By initialing here the participant is not eligible to participate in the *Friendship Follies performances as this production is filmed*****



2016 RELEASE of LIABILITY

The undersigned who is either (a) a competent adult _____; (b) the duly appointed court guardian for the participant hereinafter named _____; or (c) the parent and natural legal guardian of the participant who is under the age of 18 years _____ (*indicate which applies by initialing*), does hereby individually, or in their representative capacity, forever release and discharge Friendship Adventures, its officers, directors, and agents, from any and all claims, demands, and causes of action, for damages or otherwise, which the participant may have or may sustain by reason of the participant's participation in the recreational activities sponsored by Friendship Adventures identified below. The undersigned, on behalf of him /herself and on behalf of his/her child or ward, agrees to hold Friendship Adventures, its officers, employees and volunteers, harmless and free from all liability arising from any activity sponsored by Friendship Adventures.

Friendship Adventures is a nonprofit corporation organized for the purposes of providing recreational and educational activities to persons with developmental disabilities. These activities will necessarily entail risks of travel, including, but not limited to, traffic accidents and related injuries. Further, the activities will also include, to some degree or another, physical activities such as walking and climbing in both urban environments and in remote areas. These physical activities may result in injury or damage from falls or becoming lost. Other people with developmental disabilities will be participating in the activities, so there is also the risk that confrontations could occur between the participant and others engaged in the activity, which could result in injury. Further, the activity will also entail other additional risks of injury and damage that are reasonably associated with the particular activity identified below.

In consideration for Friendship Adventures providing the sponsored activities which the undersigned acknowledges is in the participant's best interest and would not otherwise be available but for Friendship Adventures sponsorship, the undersigned, with full knowledge of the risks and benefits associated with the activity and the legal effect of this agreement, executes this release of liability.

Further, the undersigned acknowledges that Friendship Adventures is sponsoring the activity in reliance upon the legal effect of this release and any fees paid by the undersigned for the activity is based upon the participant's share of the activity.

Participant Name: _____ Date: _____

Participant Signature

Parent/Legal Guardian's Signature

Print Name

Print Name

Please complete and return form to:

Friendship Adventures ~ 9805 NE 116th Street, PMB #A185 ~ Kirkland, WA 98034

Fax (360) 668-1954 ~ E-mail: info@friendshipadventures.org ~ Phone: (425) 444-3132