

## AVSP REGISTRATION 2019

### PARTICIPANT INFORMATION

Participate Name: \_\_\_\_\_  
Last First

Gender:  Male  Female DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt/Unit #

City State Zip Code

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home ☎: ( ) Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency ☎ ( )

### PARTICIPATE BACKGROUND

Primary Disability: \_\_\_\_\_

Seizure History:  No  Yes Date of last seizure: \_\_\_\_\_  
 Type of seizure  Petit mal  Grand mal  Focal

Activity Level in daily life :  Very Active  Moderately Active  Mostly Inactive

Special accommodates needed: \_\_\_\_\_

### ADDITIONAL INFORMATION

Participant Guest (Chaperone)

\_\_\_\_\_ Last First

Anything else that you think we should know about the participant?

**DONATION ENCLOSED**

Yes \$ \_\_\_\_\_

No



**A VERY SPECIAL PROM INSURANCE WAIVER & RELEASE OF LIABILITY and MEDIA RELEASE FORM**



**VERY SPECIAL PROM INSURANCE WAIVER & RELEASE OF LIABILITY FORM**

In consideration of being allowed to participate in any way in For The Exceptional' *A Very Special Prom* and related activities, I and/or the disabled / 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 as a parent and/or legal guardian I will instruct the disabled and or 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 disabled / minor participant will immediately advise For The Exceptional of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the disabled / minor participant will be engaging in activities that involve moderate risk of serious injury which might result only from my own actions, inactions or negligence of others 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 damages and or injuries.
4. Release, waive, discharge and covenant not to sue For The Exceptional, its affiliates, 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 "releases", 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 release 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.**

\_\_\_\_\_  
**Participant's Name**

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 releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releases from any and all liabilities incident to my disabled and or minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Parent/Legal Guardian Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Date**

**MEDIA RELEASE FORM**

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to For The Exceptional 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 For The Exceptional 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.

\_\_\_\_\_  
**Participant's Name**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Parent/Legal Guardian Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Date**