



PARTICIPANT INFORMATION FORM

Name of Participant: _____ Today's Date: _____

Parent/Guardian (if applicable): _____

Agency/School (if applicable): _____

Address: _____ City/State/Zip: _____

Phone Number: Home _____ Work: _____

Cell: _____ Fax: _____

E-mail: _____

I would like to receive more information about Splore programs and opportunities.

Please check the ONE box that best describes your primary role on this program:

- | | |
|---|---|
| <input type="checkbox"/> Participant with a disability | <input type="checkbox"/> Agency Staff Member |
| <input type="checkbox"/> Youth in Treatment | <input type="checkbox"/> Personal Care Provider |
| <input type="checkbox"/> Public School Student without a disability | <input type="checkbox"/> Family Member or Friend |
| <input type="checkbox"/> Other participant without a disability,
describe: _____ | <input type="checkbox"/> Splore Volunteer |
| | <input type="checkbox"/> Splore Staff/AmeriCorps/Intern |

Age: _____

Date of Birth: _____

Gender: Male _____ Female _____

Approximate Height: _____

Approximate Weight: _____

Approximate Shoe Size _____

Race / Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Native American/Alaska Native |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Bi/Multi-racial |
| <input type="checkbox"/> Asian/Asian American | <input type="checkbox"/> Other |

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship: _____

Phone: Day _____ Eve _____

Health Insurance : _____ Policy #: _____

Physician: _____ Physician Phone: _____

DSPD Clients Only

Support Coordinator: _____ Phone: _____

Address: _____ City: _____ Zip: _____

DSPD ID Number: _____

Medicaid Number: _____

HEALTH INFORMATION
Attach additional information if necessary

What is your Primary Diagnosis (if applicable) : _____

Please check all boxes that apply to your disability/medical condition/special needs:

- | | |
|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Allergy to bee sting | <input type="checkbox"/> Dysreflexia |
| <input type="checkbox"/> Allergy to penicillin | <input type="checkbox"/> Hearing Impairment/Deaf |
| <input type="checkbox"/> Amputation : Location: _____ | <input type="checkbox"/> Heart Disease/Defect |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hemiplegia : affected side _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Low Vision/Blind |
| <input type="checkbox"/> Back condition | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Balance difficulties | <input type="checkbox"/> Mental Illness: _____ |
| <input type="checkbox"/> Behavioral Disorder | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Bipolar | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Bowel/Bladder control problems | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Recent Surgery: _____ |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Quadriplegia |
| <input type="checkbox"/> Spinal Cord Injury : Injury Level: _____ | <input type="checkbox"/> Seizure Disorder/Epilepsy |
| <input type="checkbox"/> Chemical dependency | <input type="checkbox"/> Skin Breakdown/Decubitus Ulcers |
| <input type="checkbox"/> Cognitive Impairment: _____ | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Communicable diseases | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Depression | <input type="checkbox"/> TBI/Head Injury |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diabetes | |

Please include any other information that would be helpful for us to know:

MOBILITY

- | | | |
|---|---|---|
| <input type="checkbox"/> I use a manual w/c | <input type="checkbox"/> I have problems with balance | <input type="checkbox"/> I have a prosthetic limb |
| <input type="checkbox"/> I use a power w/c | <input type="checkbox"/> I cannot sit up without back support | <input type="checkbox"/> I can walk with assistance |

Please include any other information that would be helpful for us to know:

MEDICATION
Attach additional information if necessary

Name of Medication	Dose / Frequency	Reason for taking it	Side Effects

DIETARY INFORMATION
Attach additional information if necessary

- I have a special diet (please explain): _____
- I have food allergies to the following items: _____
- If yes, do you carry an EPI pen? _____

ADDITIONAL SAFETY INFORMATION

The following questions are used to gather information to enhance the safety of Splore programs. Although each question may not apply to all Splore activities, please complete the entire questionnaire.

Please answer the following questions:	YES	NO
Are you capable of swimming independently?		
Are you capable of independently lifting your arms above your head?		
Are you capable of independently rolling over when face down in water?		
Are you capable of independently grasping a rope?		
Are you capable of physically signaling for help?		
Are you capable of yelling for help?		
Are you extra sensitive to hot or cold temperatures?		
Are you extra sensitive to the sun?		
Have you participated in any of the following activities in your current state of health:		
Canoeing?		
Rock Climbing?		
Whitewater Rafting?		
Skiing / Snowshoeing?		
Overnight Camping?		

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Initial Here

I authorize Splore to secure such emergency medical treatment as I might require while participating in a Splore program or activity. I also agree to pay all costs and fees associated with such emergency medical care or treatment. ****Participants under the age of 18 must have parent or legal guardian initial this statement****

PHOTO / VIDEO RELEASE

Initial Here

I authorize Splore and other approved parties to use any photographs, video tapes, film, or audio of my participation in Splore programs for marketing/fundraising and business purchases. ****Participants under the age of 18 must have parent or legal guardian initial this statement****

SCHOLARSHIP INFORMATION

We do not want cost to be a barrier to participation on a Splore program. If applicable, please ask about scholarship assistance when registering for a program.

Please sign liability waiver on back

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Splore, their agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Splore"), I hereby agree to release, indemnify, and discharge Splore, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I expressly acknowledge that participation in Splore outdoor activities such as rock climbing, river rafting, canoeing and cross country skiing entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to potentially dangerous wild animals, insect bites, hazardous plant life; equipment malfunction or failure; accidental drowning; and improper lifting or carrying.

2. I expressly recognize and acknowledge and accept that Splore staff and volunteers have difficult jobs to perform during outdoor activities; that they seek safety, but they are not infallible; that they might be unaware of or misjudge a participant's fitness, awareness, weight or abilities; that they might misjudge the weather or other environmental conditions; and that they may give incomplete warnings or instructions; and the equipment being used might fail or malfunction.

3. I expressly agree and accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold Splore harmless from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Splore's equipment or facilities, including any such claims which allege negligent acts or omissions of Splore.

5. Should Splore or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

6. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical conditions I may have.

7. In the event that I file a lawsuit against Splore, I agree to do so solely in the state of Utah, and I further agree that the substantive law of Utah shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Splore on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____ City State Zip _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor) being permitted by Splore to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold Splore harmless from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor, specifically including but not limited to any claims associated with youth participation in rafting trips. I have been informed of the risks associated with youth participation in Splore activities and recognize them and acknowledge them and hereby knowingly accept them.

Signature of Parent or Guardian: _____ Print Name: _____