



REGISTRATION FORM

Participant Name _____

Participant's Parent/Guardian _____

Participant's Address _____

Phone _____

Email _____

Emergency Contact and Phone _____

Please list any known allergies, medications, special needs, behavioral concerns, and/or any other information that may be helpful regarding the participant listed.

RELEASE STATEMENT

I AGREE TO ASSUME ALL RESPONSIBILITY FOR ALL RISK, DAMAGE, OR INJURY THAT MAY OCCUR TO ME AS A PARTICIPANT IN THIS ACTIVITY/EVENT. IN CONSIDERATION FOR BEING ACCEPTED AS A PARTICIPANT, I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, RELEASE AND DISCHARGE THE ARC OF THE SOUTH SHORE, THE STAFF, AND VOLUNTEERS FROM ALL CLAIMS, DAMAGES, RIGHTS OF ACTION, PRESENT AND FUTURE, WHETHER THE SAME BE KNOWN, ANTICIPATED OR UNANTICIPATED, RESULTING FROM OR ARISING OUT OF, OR IN INCIDENT TO, MY PARTICIPATION IN THIS ACTIVITY/EVENT. I GRANT PERMISSION TO BE MEDICALLY TREATED AND/OR RECEIVE MEDICAL EMERGENCY SERVICES AT A LOCAL HOSPITAL. I ALSO GRANT PERMISSION FOR THE USE OF MY NAME, PICTURE, AND OR VIDEOTAPE IN ANY BROADCAST, PHOTOGRAPH, OR OTHER ACCOUNT OF THIS EVENT ON MARCH 23, 2018.

SIGNATURE OF PARTICIPANT OR LEGAL GUARDIAN _____