

**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.



\*\* Please note that light food is served and we cannot be responsible for individuals with food allergies.

**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.

SIGNATURE OF PARTICIPANT OR LEGAL GUARDIAN

DATE