



Saturday, January 16th
8:30 – 11:30 a.m.
Mesa High School
1630 E. Southern Ave, Mesa

-  **Track**
8:30 a.m.
-  **Field**
9:30 a. m.
-  **Archery**
10:30 a.m.

Individuals with physical and visual disabilities are invited to join us for an introduction to Paralympic sports! Sport clinics will be led by Paralympic athletes and coaches and all skill levels are welcome. Begin your amazing journey here and discover what ability really means!

Pre-register by January 11, 2010 to receive a FREE t-shirt.
Call 480.835.6273 or e-mail lane@mesadisabledsports.com.

Presented by:



Paralympic Experience 2010

REGISTRATION FORM

Individual Registration Form

(One entry form must be filled out by each participant)

Athlete Parent Teacher Coach Therapist Recreation Staff

First Name: _____ Last Name: _____

Gender: M F Age: _____ Tel: _____ Email: _____

Address: _____ City: _____ Zip: _____

Disability (if applicable):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Spinal Cord Injury | |
| <input type="checkbox"/> Dwarfism | <input type="checkbox"/> Traumatic Brain Injury | |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Visual Impairment | |

Wheelchair User: Yes No T-shirt Size: Youth - S M L XL Adult - S M L XL

Please list additional family members or guests attending event:

Student Profile Form

(Athletes complete this section)

Nickname: _____

School or work: _____

Grade in school: _____ Currently active in sports? Yes No

Favorite sports: _____

Classification (if known): _____

Primary Therapist (name and contact): _____

Interests/Hobbies: _____

Return registration form to:

Arizona Disabled Sports
59 E. Broadway Road, Mesa, AZ 85210
lane@mesadisabledsports.com
480.835.6273 office / 480.610.2257 fax

Pre-register by January 11th for a FREE t-shirt (on-site registration as well but no t-shirt guaranteed)

Waiver and Release of Liability and Publicity

This form must be completed and signed by each person who desires to participate (athletically, volunteer, or otherwise) in Paralympic Experience sponsored by the Arizona Disabled Sports and U.S. Paralympics (the "Program").

In consideration of being allowed to participate in any of the Programs and related events and activities, the undersigned acknowledges and agrees as follows:

I, _____, HEREBY, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, AND NEXT OF KIN, COVENANT NOT TO SUE AND RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE, ARIZONA DISABLED SPORTS, U.S. PARALYMPICS, USOC, ANY CO-SPONSORING ENTITIES OF THE PROGRAMS, ALL OF THEIR OFFICERS, DIRECTORS, MEMBERS, AGENTS, AND/OR EMPLOYEES, AND ANY AND ALL SPONSORS, OFFICIALS, VOLUNTEERS, AND OTHER PARTICIPANTS OF THE PROGRAMS (COLLECTIVELY, THE "RELEASEES") FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR ANY PROPERTY BELONGING TO ME, WHETHER ARISING FROM NEGLIGENCE OF ANY OF THE RELEASEES, OR OTHERWISE, WHILE PARTICIPATING IN THE PROGRAMS.

THE RISK OF INJURY FROM THE ACTIVITIES INVOLVED IN THE PROGRAMS IS SIGNIFICANT, INCLUDING THE POTENTIAL FOR SERIOUS BODILY INJURY, DEATH, AND PROPERTY DAMAGE. I AM FULLY AWARE OF THE RISKS AND HAZARDS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY AND I VOLUNTARILY, KNOWINGLY AND FREELY, WITHOUT ANY INDUCEMENT OF ANY KIND, ASSUME ALL SUCH RISKS; BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT, TO THE FULL EXTENT PERMITTED BY LAW. I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR ANY PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF BEING ENGAGED IN SUCH ACTIVITY. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will cease participating and bring such hazard to the attention of the nearest official immediately.

In the event that I am unable to do so because of an injury or illness, I hereby consent to the administration of first aid or other medical treatment. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment. I understand that all participants in the Programs are required to have their own medical insurance coverage, and that neither Arizona Disabled Sports, U.S. Paralympics or any other sponsoring entity provide such coverage.

I hereby voluntarily and without compensation authorize visual images and/or voice recordings to be made of me by or on behalf of Arizona Disabled Sports, U.S. Paralympics, USOC, and other sponsoring entities during the Programs. I also authorize the foregoing entities and their assigns to reproduce, modify, publicize, broadcast and display any such visual images or voice recordings, with or without my name, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my image, name or voice.

I hereby covenant not to sue and release the Releasees and their employees, contractors, licensees and assigns from and against any and all claims that I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other cause of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of my likeness, name or voice.

This covenant not to sue, release and hold harmless agreement is binding on me, my heirs, assigns, personal representatives, administrators, and next of kin.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Participant's Signature

Printed Name

Date

PART B – PARENT/GUARDIAN WAIVER/RELEASE OF LIABILITY (If applicant is under eighteen (18) years of age, a parent or guardian must sign in addition to the above, the following waiver.)

The undersigned, _____, referred to as the parent and natural or legal guardian of the Participant does hereby represent that he/she is, in fact, acting in such capacity and covenants not to sue for and agrees to save and hold harmless and indemnify each and all of the parties herein referred to above as Releasees from any and all liabilities and claims for expenses, damages, or any other losses whatsoever

which may be imposed upon said Releasees because of any defect in or lack of such capacity to so act and release said Releasees on behalf of the undersigned and the Participant.

Signature

Relationship to Participant

Date