



PRESENT:

# PARALYMPIC EXPERIENCE

## SELAH, WA

- Why:** To give youth ages K-12<sup>th</sup> who are blind or visually impaired an opportunity to participate in cooperative games, goalball & tandem biking.
- Who:** Open to ages K-12<sup>th</sup> grade who are blind or visually impaired. Teachers of the visually impaired and other family members are also welcome. Parents or teachers are required to supervise students throughout the entire event.
- Where:** Selah Middle School  
411 N 1<sup>st</sup> Street  
Selah, WA 98942
- When:** Thursday, October 13, 2022
- Time:** 9:00am Check-In  
9:30am - 1:30 pm  
\*Lunch Provided\*

**Registration is due by Friday, October 7, 2022.**

**To register, please call or email**

**Megan Ahleman: 360-768-5654 [mahleman@nwaba.org](mailto:mahleman@nwaba.org)**

**[www.nwaba.org/washington-2/](http://www.nwaba.org/washington-2/)**

Northwest Association for Blind Athletes' mission is to provide life-changing opportunities through sports and physical activity for individuals who are blind or visually impaired.

# NWABA Participant Registration Form



Are you a new participant to NWABA or Re-Registering?  New Participant  Re-Registering

## PARTICIPANT INFORMATION

First Name:		Middle Initial:	Last Name:	Preferred Name:
DOB: (mm/dd/yyyy):    /    /		Gender: _____	Participant's Primary Language:	
			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other (please list): _____	
Race/Ethnicity (Optional): <i>Check all that apply</i>  <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino (specific origin group: _____) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other			Does participant have an IEP or 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
			What is the participant's current grade level? _____  <input type="checkbox"/> Not Applicable	
How did you hear about NWABA?				
Street address:				
P.O. box:		City:	State:	ZIP Code:
Phone:		Email:		
Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Direct Mail			Preferred Pronouns:	
Preferred Medium: <input type="checkbox"/> Braille <input type="checkbox"/> Large Print <input type="checkbox"/> Digital			<input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Ze/Hir/Hirs <input type="checkbox"/> Ey/Em/Eirs <input type="checkbox"/> Other	
Sport/Physical Activity Interests:				

## PARENT/GUARDIAN INFORMATION (REQUIRED IF MINOR OR OTHERWISE HAS A LEGAL GUARDIAN)

**Please send completed registration to:**

Northwest Association for Blind Athletes | PO BOX 61489 | Vancouver, WA 98666  
 360-768-5654 | www.nwaba.org | mahleman@nwaba.org

Name:			
Relationship:			
Street Address:	City:	State:	ZIP Code:
Phone:	Email:		

**EMERGENCY CONTACT INFORMATION (TWO EMERGENCY CONTACTS NEEDED)**

**Emergency Contact #1**

Name:	
Phone:	Relationship:

**Emergency Contact #2**

Name:	
Phone:	Relationship:

**EMERGENCY CARE**

Does the participant have the capacity to consent to medical treatment on his or her own behalf?  Yes  No

If I, the participant, am unable or my parent/guardian is unable, to consent or make medical decisions in an emergency, I authorize Northwest Association for Blind Athletes to seek medical care on my behalf. Including but not limited to OTC medication, emergency medication, diagnostic procedures, anesthesia, surgical and medical treatment and blood transfusions, by medical providers, hospitals or their authorized designees, as may in their professional judgment be necessary to provide for the medical, surgical or emergency care.  Yes  No

**PARTICIPANT HEALTH HISTORY**

Participant First & Last Name: \_\_\_\_\_ Name of Person Completing Form: \_\_\_\_\_

**ASSOCIATED CONDITIONS (CHECK ALL THAT APPLY)**

- Autism  Cortical Visual Impairment  Cerebral Palsy  Down Syndrome  Fragile X  Fetal Alcohol
  - Other Condition (please specify) : \_\_\_\_\_
- If Cortical Visual Impairment, please describe: \_\_\_\_\_

**ALLERGIES & DIETARY RESTRICTIONS**

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Food \_\_\_\_\_

List any special dietary needs: \_\_\_\_\_

Environmental Allergies \_\_\_\_\_

Insect Bites or Stings: \_\_\_\_\_

Medications: \_\_\_\_\_

Latex Allergy

No Known Allergies

### ASSISTIVE DEVICES (CHECK ALL THAT APPLY)

Brace

C-PAP Machine

Glasses or Contacts

Implanted Device

Removable Prosthetics

Colostomy Bag

Crutches or Walker

G-Tube or J-Tube

Inhaler

Splint

Communication Device

Dentures

Hearing Aid

Pacemaker

Wheel Chair

Other \_\_\_\_\_

If using an assistive device, briefly explain: \_\_\_\_\_

### VISION

B1 - Totally Blind

B2 - Best Corrected Vision is 20/600 and Up

B3 - Best Corrected Vision is 20/200 - 20/599

B4 - Best Corrected Vision is 20/70 - 20/199

Unknown

Description of Visual Impairment:

Does participant use a white cane?  Yes  No

Does participant have a guide dog?  Yes  No

Participant First & Last Name: \_\_\_\_\_ Name of Person Completing Form: \_\_\_\_\_

Has a doctor ever limited the participant's participation in sports or physical activity?  Yes  No

If yes, please describe:

Does the participant have, or at risk of a retinal detachment?  Yes  No

If yes, please describe:

Does the participant have any activity restrictions?  Yes  No

If yes, please describe:

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Does the participant have a Cortisol Insufficiency?  Yes  No

If yes, please describe:

I hereby declare that the information provided is true and correct.  Yes  No

### **Participant Release & Waiver of Liability and Indemnity Agreement ("Release and Waiver")**

PLEASE READ THIS RELEASE AND WAIVER CAREFULLY AND IN ITS ENTIRETY. THIS RELEASE AND WAIVER AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS RELEASE AND WAIVER, YOU ARE RELEASING NORTHWEST ASSOCIATION FOR BLIND ATHLETES ("NWABA") FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR.

#### **Assumption of Risk**

I acknowledge and agree that any use of NWABA facilities, services, equipment, and premises ("Facilities") and any participation in NWABA programs and activities, including virtual programs and activities ("Programs"), comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease.

I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this Release and Waiver.

#### **Consultation with Medical Provider**

YOU SHOULD ALWAYS CONSULT WITH YOUR DOCTOR BEFORE BEGINNING ANY TYPE OF EXERCISE OR PHYSICAL ACTIVITY.

I understand NWABA recommends that I consult with a physician before commencing in the participation of any Programs. If I have chosen not to consult a physician prior to participating, I fully accept the risks involved in this decision. At no time has a physician or any other person advised me that I should not participate in physical activity. I affirm that, to the best of my knowledge, I am in good physical condition and do not suffer from any condition that would prevent or limit my participation in the Programs. I acknowledge that if my health changes, it is my responsibility to inform NWABA of any conditions or changes in my health, now and ongoing, which might affect my ability to participate safely and with minimal risk of injury.

#### **Waiver, Release, Indemnification, & Covenant Not to Sue**

In consideration of the use of Facilities and participation in Programs, I, the undersigned, agree that NWABA, along with its affiliates, predecessors, successors, officers, directors, agents, consultants, employees, volunteers, insurers, representatives, and assigns (collectively, "Releasees") will not be liable for any personal injury, property damage, disability, accident, death, loss, sickness, or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring, including, but not limited to, the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness, or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors, assigns, and proxies, to release and **HEREBY DO RELEASE, WAIVE, AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases, or accidents of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, and however the injury or damage occurs, including, but not limited to, the negligence of Releasees. This Release and Waiver does not extend to claims for gross negligence, intentional or reckless conduct, or any other liabilities that applicable law does not permit to be excluded by this Release and Waiver.

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I also agree not to sue or make a claim against the Releasees for personal injury, property damage, disability, death, sickness, diseases, or accidents of any kind, arising out of or in any way related to the use of Facilities or participation in Programs.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, judgments, settlements, awards, interest, penalties, liabilities, or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents, or guests, including any minors. In accordance with these promises, I will reimburse the Releasees for any damages, reasonable settlements, and defense costs, including attorneys' fees, that they incur because of any such claims made against them. I agree that in the event of my death or disability, the terms of this Release and Waiver, including the indemnification obligations, will be binding on my estate, and my personal representative, executor, administrator, or guardian will be obligated to respect and enforce them.

### **Use of My Likeness**

I hereby grant NWABA and its assigns permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I further license NWABA and its assigns the right to use photos or likenesses of me for the purposes described in this authorization.

I understand and agree that all photos will become the property of NWABA and will not be returned. I hereby irrevocably authorize NWABA to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising out of or related to the use of the photo. This authorization specifically includes the right to take and record photographs or likenesses of me, and the right to use my name and any such photographs or likeness for the purposes described in this authorization.

### **Severability and Termination**

I expressly agree that this Release and Waiver is intended to be as broad and inclusive as permitted by the law in the state the Programs take place. Any portion of this Release and Waiver deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining portions of this Release and Waiver, or this Release and Waiver as a whole, to the full extent authorized by law.

This Release and Waiver shall remain in full force and effect unless and until terminated by written notice delivered to NWABA. Any termination of this Release and Waiver shall apply prospectively only and shall not serve to invalidate the terms of this Release and Waiver as to any claim, activity, or event occurring prior to the date of such termination.

**I CERTIFY THAT I HAVE REVIEWED ALL OF THE ABOVE TERMS OF THIS RELEASE AND WAIVER, AND, BY SIGNING BELOW, I HEREBY ACCEPT AND AGREE TO THE TERMS OF THIS RELEASE AND WAIVER IN THEIR ENTIRETY. I UNDERSTAND THIS IS A CONTRACT THAT AFFECTS MY LEGAL RIGHTS AND I SIGN IT OF MY OWN FREE WILL.**

**Participant Printed Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER 18 AT TIME OF REGISTRATION), BY SIGNING THIS RELEASE AND WAIVER, YOU GIVE UP YOUR RIGHT AND THE NAMED MINOR'S RIGHT TO BRING ANY CLAIM FOR DAMAGES OR CAUSE OF ACTION TO RECOVER COMPENSATION OR OBTAIN ANY OTHER REMEDY OR RELIEF FOR ANY PERSONAL INJURY OR PROPERTY DAMAGE, HOWEVER CAUSED, ARISING OUT OF THE NAMED MINOR'S PARTICIPATION IN NORTHWEST ASSOCIATION FOR BLIND ATHLETES PROGRAMS OR USE OF FACILITIES, NOW OR ANY TIME IN THE FUTURE.**

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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