

Participant Waiver

We are excited to have you participate in our programs! Participants of Thurston County Inclusion are youth with and without intellectual disabilities, ages 5 to 21. If you have any questions about participation, please contact Natalie, natalie@thurstoncountyinclusion.org & 360-329-2793.

Please note: This form is for participants with *and* without disabilities. Some questions may or may not pertain to your child. However, everyone has needs. For example, one child may need consistent direction and another might be shy and want to be introduced to friends. We want this to be enjoyable for your child. Please provide the following information:

Participant's Name _____ Date _____

Age _____ Contact Email _____

Home Address _____

Cell Phone _____ Home Phone _____

Work Phone _____ T-Shirt Size: _____

School _____

Does the participant have a Developmental Disability? _____ Yes _____ No

If yes, what is their diagnosis? _____

Emergency Contact 1

Name _____

Relationship to Participant _____ Phone _____

Emergency Contact 2

Name _____

Relationship to Participant _____ Phone _____

Medical Information

List of current medications:

History of seizures and instructions if you experience a seizure in programs:

List of medical concerns that Thurston County Inclusion should be aware of:

Physician _____ Physician's Phone Number _____

Can the participant use the bathroom independently? _____ Yes _____ No

Thurston County Inclusion cannot assist in the bathroom. If your child will need assistance, a parent/legal guardian/caregiver may attend with the participant.

Comments/Instructions:

Can the participant eat/drink independently? _____ Yes _____ No

Thurston County Inclusion cannot assist with feeding. If your child will need assistance, a parent/legal guardian/caregiver may attend with the participant.

Comments/Instructions:

Does the participant have food allergies? _____ Yes _____ No

If yes, please list/explain:

Please acknowledge that you will update Thurston County Inclusion if any of the information on above changes over the course of participation in Thurston County Inclusion events.

_____ Yes, I will update Thurston County Inclusion at register@thurstoncountyinclusion.org

Support Needs

What supports does the participant receive at school?

Generally, what is the participant's communication style (i.e., verbal, ASL, AAC)?

Does the participant have any special interests? (i.e., favorite TV shows, toys, etc.)

Are there any specific supports that you will need from staff in programs? How can we encourage participation in programs?

Is the participant able to participate independently in a group? Does the participant need support to stay with the group?

Who is authorized to pick the participant up from programs?

Is there anything that we can do to improve the participant's experience at our programs?

Other comments/concerns:

Medical Release

In the event of a medical emergency, I allow Thurston County Inclusion's staff to contact needed medical attention, including 911 and transport to a hospital. I give permission to the medical personnel to administer care to me. I will not hold Thurston County Inclusion liable for injuries or illness that may occur during programs.

Participant Signature: _____ Date _____

Full Name: _____

Signature of Parent/Legal Guardian if Volunteer is Under 18:

Signature: _____ Date _____

Release of Liability

Our goal at Thurston County Inclusion is to provide each and every one of our participants with a safe experience during all activities offered.

In return for being allowed to participate in Thurston County Inclusion programs and all related activities ("Participant Activities"), the undersigned Participant or Parent/Legal Guardian of Participant if Participant is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue the Thurston County Inclusion or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("the Organization") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Participant Activities wherever, whenever, or however the same may occur present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Participant Activities wherever, whenever, or however the same may occur. For the safety of all parties participating in activities at Thurston County Inclusion, please read the terms detailed below, and complete all fields below and provide a signature confirming your understanding and agreement to all terms herein.

1. If I am under the age of 18, I must have a parent or legal guardian complete any required registration documents and this liability release form before I will be allowed to participate in activities.
2. Participation in the use of any of the equipment on the premises is solely at my risk and liability (or parent/legal guardian if under the age of 18).
3. Every effort will be made by Thurston County Inclusion to ensure safe use of all equipment by participants, but Thurston County Inclusion will not accept liability for any injury or damages that the participants/volunteers may suffer related to the premises of Thurston County Inclusion, or activities sponsored by Thurston County Inclusion. I understand and agree that the Organization are not responsible for any injury or property damage arising out of the Participant Activities, even if caused by their ordinary negligence or otherwise.
4. In the case of injury, any cost incurred from the emergency medical treatment or medical transportation to a local hospital will solely be my responsibility (or parent/legal guardian if under the age of 18). I understand that participation in the Participant Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Participant Activities with knowledge of the danger involved and I agree to accept all risks of participation.
5. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Participant Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.
6. Any personal belongings of the Participant or the legal guardian that enter the premises of Thurston County Inclusion remain my sole responsibility. Thurston County Inclusion shall not be responsible for lost, stolen, or damaged property or belongings.
7. I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Organization.

Participant Signature: _____ Date _____

Full Name: _____

Signature of Parent/Legal Guardian if Volunteer is Under 18:

Signature: _____ Date _____

Media Release (Optional)

I, the undersigned, do hereby consent and agree that Thurston County Inclusion and individuals attending Thurston County Inclusion events have the right to take photographs and digital or written recordings of me and my voice and to use these in any and all media, no or hereafter known, and exclusively for the purpose of marketing Thurston County Inclusion. I further consent that my name and identity, including the city and state in which I reside, may be revealed therein or by descriptive text or commentary, and that Thurston County Inclusion may contact me at the address and phone number listed above regarding the photographs or recordings.

I do hereby grant to Thurston County Inclusion all rights to exhibit this work in print, electronic, or other form, publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. Nothing requires Thurston County Inclusion to use my photographs or recordings in any marketing materials.

I understand that there will be no financial or other remuneration for interviewing and/or recording me, either for initial or subsequent transmission, playback, or publication.

I release Thurston County Inclusion for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement and am competent to execute this release.

Participant Signature: _____ Date _____

Full Name: _____

Signature of Parent/Legal Guardian if Volunteer is Under 18:

Signature: _____ Date _____

Please email completed forms to register@thurstoncountyinclusion.org or bring them with you to your first event.¹

¹ Confidentiality Notice: This e-mail and any attachments thereto may contain private, confidential, and privileged material for the sole use of Thurston County Inclusion. Because email is not secure, please be aware of associated risks of email transmission and accept the risks of sending this information. If you prefer to not send this form over email, please bring it to your first event.