

BIIS PARTICIPANT REGISTRATION FORM

Challenging Perceptions of Disability ONE GAME AT A TIME



PARTICIPANT INFORMATION				<input type="checkbox"/> Athlete (physical disability)		<input type="checkbox"/> Participant		<input type="checkbox"/> Volunteer		
First Name:			Middle Initial:			Last Name:				
Address:										
City:				State:			Zip:		County:	
Home Phone:				Mobile:			Work:			
Email Address:				Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email						
Date of Birth:		Age:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F Other		Height (ft,in):		Weight (lbs):		
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Am Indian/Native Alaskan <input type="checkbox"/> Pac Islander/Native Hawaiian <input type="checkbox"/> Other (Please Specify) _____										
Military Service: <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> N/A										
Branch of Service:						Were you injured in service? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so; Date of Injury: ___/___/___						Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PARENT/LEGAL GUARDIAN INFORMATION (IF PARTICIPANT IS A MINOR OR LEGALLY INCAPACITATED)										
First Name:			Last Name:				Relationship:			
Address (if different than above):										
City:				State:			Zip:			
Home Phone:				Mobile:			Work:			
Email Address:										
EMERGENCY CONTACT										
First Name:					Last Name:					
Relationship to Participant:										
Home Phone:				Mobile:			Work:			
MEDICAL INFORMATION										
All participants must be able to perform the following tasks or be accompanied by a "personal care provider": <u>Dress and eat without assistance, perform all aspects of personal hygiene.</u>										
Participant's Physical Disability (Check All That Apply):					Date of injury or onset? ___/___/___					
<input type="checkbox"/> Cerebral Palsy		<input type="checkbox"/> TBI		<input type="checkbox"/> Stroke		<input type="checkbox"/> MS		<input type="checkbox"/> SCI		
<input type="checkbox"/> IPRom (Restrictive or lack of passive movement)		<input type="checkbox"/> Limb Deficiency (Circle Location AKA / BKA / AEA / BEA / Bi-Lateral)		<input type="checkbox"/> Short Stature (Dwarfism)		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Spina Bifida		
<input type="checkbox"/> Leg Length Difference		<input type="checkbox"/> Visually Impaired/Blind		<input type="checkbox"/> Power Wheelchair		<input type="checkbox"/> Walker		<input type="checkbox"/> _____		
Assistive Devices Used (Check All That Apply):										
<input type="checkbox"/> Crutches/Cane		<input type="checkbox"/> Manual Wheelchair		<input type="checkbox"/> Orthotics		<input type="checkbox"/> Service Dog		<input type="checkbox"/> _____		
Are you able to walk? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If YES, please indicate for how long/far?</i>										
If you use a wheelchair, are you independent with your transfers? <input type="checkbox"/> Y <input type="checkbox"/> N										
Currently taking any medications? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If YES, please list all, including over-the-counter medications:</i>										
Have you had surgery in the last six months? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If YES, please describe</i>										
Do you have allergies? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If YES, please list</i> _____										
Do you carry an EpiPen? <input type="checkbox"/> Y <input type="checkbox"/> N										

PLEASE INDICATE YES OR NO TO EACH QUESTION. IF YES, PLEASE DESCRIBE TYPE AND SEVERITY

Traumatic Brain Injury?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post-Traumatic Stress?	<input type="checkbox"/> Y <input type="checkbox"/> N	
History of seizures or seizure disorder?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Blind or visually impaired?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Deaf or hard of hearing?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Limited range of motion in any limbs?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Difficulty with balance?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Wear any sort of spinal stabilization?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Any type of paralysis?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Sensitivity to hot or cold?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Difficulty speaking or communicating?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Difficulty remembering or following directions?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Emotional and/or behavioral concerns we should know about?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Personal care or independence concerns?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Cognitive or developmental delay?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Heart/Cardiac condition?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Respiratory condition?	<input type="checkbox"/> Y <input type="checkbox"/> N	

Please list any other medical conditions or concerns not mentioned above (i.e. bone disease, easily fatigued, weakened immune system):

PARTICIPATION INFORMATION

What sport are you signing up to participate in? _____ **Are you new to Bridge II Sports?** Y N

Have you participated in the above sport before? Y N *If YES, please list sport and your last participation date for each:*

What are your sport or recreation goals?

Will a caregiver be accompanying you? Y N *If YES, please list name and contact information:*

Please provide any additional information that will help us create a successful experience for you:

ACKNOWLEDGEMENT

I certify that the information provided in this form is true and correct to the best of my knowledge.

Printed Name:	Date:
Signature:	

If the participant is under 18 or legally incapacitated, this section must also be completed:

Parent/ Legal Guardian Printed Name:	Date:
Parent/Legal Guardian Signature:	Relationship:

Move United Waiver & Release of Liability Agreement

Move United, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this Move United Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. “Released Parties” include Move United, Bridge II Sports, and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Move United and/or Bridge II Sports related events and activities, the Undersigned (“Undersigned” means the Participant or the Participant’s parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

1. Risks of Activity. Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. Risks of Participation. The Undersigned recognizes and understands that while Released Parties have undertaken reasonable steps to lessen the risk of transmission of communicable diseases, including but not limited to, COVID-19, in connection with participation in the activities, the Released Parties are not responsible in any manner for any risks related to communicable diseases in connection with Participant’s participation in the activities. Specifically, the Undersigned understands that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. The Undersigned is fully aware that participation in the activities carries with it certain inherent risks related to transmission of communicable diseases (“Inherent Risks”) that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying a communicable disease; (2) the risk of transmitting or contracting a communicable disease, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof. Further, the Undersigned understands that the risks of all communicable diseases are not fully understood, and that contact with, or transmission of, a communicable disease may result in risks to the Participant including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks.

The Undersigned hereby voluntarily accepts and assumes all risk of loss, personal injury, sickness, death, damage, and expense for the Participant arising from such Inherent Risks. Furthermore, the Undersigned represents and warrants that Participant does not knowingly carry any communicable diseases that may be transmitted during participation in the activities.

3. Release and Indemnification. Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant’s participation in any Move United/Bridge II Sports events or activities or the Participant’s presence on or travel to the premises where such events or activities take place, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims, or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant’s participation in such events or activities or the Participant’s presence on or travel to the premises where such events or activities take place.

4. Helmet Use. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant’s failure to use a helmet.

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5. Medical Treatment. Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

6. Miscellaneous. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations, and ordinances; (b) this Agreement shall be governed by the laws of the State of North Carolina and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Durham County, NC; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.

Participant's Signature	Participant's Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date

Move United Media Release Agreement

Move United, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. “Released Parties” include Move United, Bridge II Sports and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes, and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant’s Signature	Participant’s Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor, or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant’s behalf.

Minor’s DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date