

AADD Rec & Wellness Registration Form



- Please take a minute to fill out **both sides** of this form so we can learn about you.
- All information collected will be used for internal AADD purposes only. Thank you!

Participant Information

Participants Name: _____

Gender: M _____ / F _____ Birthdate: ____ / ____ / ____ Current Age: _____ T-Shirt Size _____

Phone: (_____) _____ - _____ Participant Email _____

Home Address: _____

City _____ County _____ State _____ ZIP _____

Type of Developmental Disability _____

Parent(s)/Guardian Information

Parent(s)/Guardian Name: _____

Phone: (_____) _____ - _____ Parent(s)/Caregiver Email _____

Home Address: _____

City _____ County _____ State _____ ZIP _____

Addition Notes: _____

Please Read & Sign back side of this form!

Thank you for participating in AADD Recreation & Wellness Activities!

Image Release & Liability Waiver Form



IMAGE RELEASE, I, (printed name) _____, do hereby grant permission to AADD, Inc. to use images provided by me or to photograph, film or videotape me and to record my voice, and to use the images and/or audio thus obtained as part of or in connection with the production of AADD publications, internet placement, audiovisual presentations and other educational and informational activities, programs or purposes. I understand that these images may be distributed to public media or displayed to members of the general public in connection with AADD informational programs and activities. I understand that AADD will not use nor authorize the use of these images for commercial or for-profit purposes.

I also understand that refusal to grant such permission would not and cannot result in the loss of any rights to which I am otherwise entitled by law.

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK; RESPONSIBILITY. By my signature below, I recognize, understand and agree that there are many inherent, foreseeable and unavoidable risks and dangers involved in participation in any and all athletic and recreational activities or events, including, but not limited to, accidents, damage to property, serious injury and/or loss of life. In recognition of the dangers and risks of the activities or event which I, and any one for whom I am responsible, will engage in, I confirm that I am (we are) participating voluntarily in AADD activities or events and assume unconditionally the full responsibility for damage to property, personal injury, accidents or illness, including death. In consideration of AADD allowing me (or us) to participate in AADD events or activities, I hereby agree and covenant, and on behalf of those for whom I am responsible agree and covenant, that I (or we) will completely and unconditionally hold harmless AADD, its employees, volunteers, representatives, agents, officers, directors, representatives, successors and assigns or any other person or entity related to AADD for any and all injuries or damages to me and us resulting from the risks assumed herein.

RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE. In consideration of AADD allowing me (or us) to participate in AADD events or activities, I do hereby, and on behalf of myself or those in my custody or for whom I am responsible, unconditionally agree to hold harmless and not to pursue any legal action against AADD, or its employees, volunteers, officers, directors, agents, representatives, successors and assigns or any other person or entity related to AADD, for any damages or injury resulting from any and all activities or recreation.

I have read and understand this agreement. By my signature below, I acknowledge that I am waiving completely and irrevocably certain rights that were or may have been available to me (or for whom I am responsible).

X _____
(Signature of individual or of parent/guardian when appropriate)

(Date signed)

X _____
(Witness)

(Date signed)