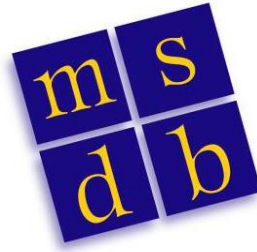




NW ASSOCIATION
FOR
BLIND
ATHLETES



MONTANA
SCHOOL
for the
Deaf & Blind

PRESENTS:

SWIMMING EXPERIENCE

Who: The opportunity for youth, birth to 12th grade, who are blind or visually impaired to participate in water games and practice swimming skills. Individuals with Multiple Disabilities and a Visual Impairment are welcome!

Where: SUMMIT Medical Fitness Center
205 Sunnyview Lane
Kalispell, MT 59901

When: Sunday, November 5, 2023

Time: 10:00 am – 11:30 pm (Last 30 minutes is free swim)

Supervision: Parent, guardian, or friend please support with instruction by being a 1:1 in the pool. Thank you!

Registration is due by Wednesday, November 1,

To register, please fill out the form below or

[online](#), and email sgibbins@nwaba.org

Stacey Gibbins

360.718.2834

Northwest Association for Blind Athletes (NWABA) Registration Form will provide all the essential information NWABA needs to successfully proceed in the athlete registration process. Completion of this registration form is the first step in our process. Successful completion of our athlete orientation is required before participating in our NWABA programs & services.

Athlete Details

First, Last Name (Government ID): _____
Current Name (If Different from ID): _____
Pronouns: _____
Current Residential Address (Street, City, Zip): _____
Residential US County or Country: _____
Current Mailing Address: _____
Athlete Birth Month: _____
Date of Birth (mm/dd/yyyy): _____
Primary Language: _____
Telephone Number: _____
Email: _____

Athlete Background

How did you hear about NWABA? _____
What is your highest level of education or current grade? _____
For school aged athletes, do you have an IEP or 504 plan? _____
Are you currently employed? If yes, please share your current employer? _____
What sports and physical activities are you interested in? _____

Parent/Guardian Information

For athletes who are under 18 or otherwise have a legal guardian. If an athlete lives in multiple households for any amount of time, please list primary guardian, secondary etc. Please make any notes if there is a no contact order in place.

Do you need to list more than one household? _____

First, Last Name (Primary Guardian):

Current Residential Address (Street, City, Zip): _____
Residential US County or Country: _____
Current Mailing Address: _____
Primary Language: _____
Telephone Number: _____
Email: _____

First, Last Name (Secondary Guardian):

Current Residential Address (Street, City, Zip): _____
Residential US County or Country: _____
Current Mailing Address: _____
Primary Language: _____
Telephone Number: _____
Email: _____

Please provide any information that would be helpful for our records, including major life transitions, no-contact orders, moving etcetera:

Athlete Emergency Contact(s)

In the case of an emergency, NWABA requires two emergency contacts. Your primary emergency contact should be local, to assist with any aftercare as needed.

Primary Emergency Contact

- First Name, Last Name: _____
- Phone: _____
- Relationship: _____

Secondary Emergency Contact

- First Name, Last Name: _____
- Phone: _____
- Relationship: _____

Athlete Present Level of Activity *(Please check the most accurate description)*

An accurate description of present level of activity is imperative to safety at events. We meet our athletes at every age, stage, and ability level. We have a wide range of athlete activity levels, ranging from Level 1 to Level 5.

- Level 1:** Sedentary – Less than 3,000 steps daily and/or activities include reading, tv watching, using computers or other sedentary activities during leisure or work time etc.
- Level 2:** Lightly Active – 3,000-10,000 steps daily and/or non-vigorous exercise 1 – 3 times per week,
- Level 3:** Moderately Active – 10,000-12,000 steps daily and/or exercise 3 – 5 times per week,
- Level 4:** Highly Active – 12,000-15,000 steps daily and/or exercise 5 – 7 times per week,
- Level 5:** Extremely Active – 15,000+ steps daily and/or intense exercise or hard physical labor 7 days a week,

What are your favorite ways to be active currently?

Athlete Health History

Athlete health history information supports NWABA staff in overall health awareness at program events. Height and weight also provide us with information for certain activities that require equipment to accommodate weight, for example, paddle boarding. Individual and group health is important for our safety-forward approach. In the case of emergency, this information will also be provided to medical professionals when applicable. We ask that all health history information is informative and true.

Visual Acuity & Supports

What is your best corrected vision: _____

Please describe or provide any information about your visual impairment or residual vision that you feel is important for our staff or volunteers to know (color vision, depth perception, facial recognition etc.): _____

Do you use a white cane? _____

Do you have a guide dog? _____

Height & Weight

Athlete Current Height: _____

Athlete Current Weight: _____

Allergies & Dietary Restrictions *(If box is checked please provide details)*

- Food
- Environmental Allergies
- Insect Bites or Stings
- Medications
- Other
- None

Present & Past History *(Please provide as much detail as possible)*

Do you have any associated conditions or secondary disabilities (Autism, CVI, CP, Down Syndrome, Fetal Alcohol etc.)? _____

Do you have any assistive devices? (Pacemaker, inhaler, cane, wheelchair, hearing aid etc.) _____

Have you ever been hospitalized? If yes, please provide details. _____

Have you had any broken bones? If yes, please provide details. _____

Have you had surgery? If yes, please provide details. _____

Have you had a heart attack, or any heart related illnesses? If yes, please provide details.

Are you prediabetic or diabetic? If yes, please provide details. _____

Do you have any problems with shortness of breath, fatigue, or dizziness? If yes, please provide details. _____

Do you have any muscle or joint pain, cramping, chronic pain? If yes, please provide details.

Do you have epilepsy or any type of seizure disorder? If yes, please provide details and date of last seizure. _____

Do you have any neurological symptoms such as numbness, head tilt, paralysis, difficulty controlling bowels or bladder? If yes, please provide details. _____

Do you have or are you at risk of a retinal detachment? If yes, please provide details.

Do you have cortisol insufficiency? If yes please provide details. _____

Has a doctor ever limited your participation in sports or physical activity? If yes, please provide details.

Do you currently have any activity level restrictions? If yes, please provide details. _____

Overall, how would you describe your mental health? _____

Do you have any mental health concerns we should be aware of, that could present during times of stress or discord? If yes, please provide details. _____

Please share any other pertinent health information, family history, associated conditions, ongoing conditions, infections, or scheduled procedures as necessary.

Emergency Medication Support

Do you have an EpiPen, and can you self-administer? _____

Do you have an inhaler, and can you self-administer? _____

Do you have liquid hydrocortisone in case of an adrenal crisis, and can you self-administer emergency medication? _____

Do you have diabetes, and can you self-administer emergency medication? _____

Do you have any other emergency medication we need to be aware of? _____

Emergency Medical Care & Consent

In the case of an emergency where you are unable to give consent to NWABA team members or

medical professionals this consent allows measures to be taken in your best interest. **To be able to participate as an athlete this consent must be checked yes.**

If I, the athlete, am 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 judgement be necessary to provide for the medical, surgical or emergency care. By checking this box, I consent to emergency care. YES NO

Signature (1/2)

By signing below, I certify all information is true and accurate.

Print Full Name (First, Last): _____ Today's Date: _____

Signature:

Athlete D ^X _____
First Name, Last Name

The following _____ . We do not share this information with any external parties specific to you. We collect this data and quantify it in percentages **anonymously** to support NWABA in funding requests to keep our programs at no cost to our athletes. **This data is crucial to cultivating financial support in the work we do.** Thank you.

What is your Age: _____

How do you identify: _____

What is your Sexual Orientation: _____

Which race or ethnicity best describes you: _____

What is your highest level of Education: _____

Are you Employed: _____

Military Status: _____

Marital Status: _____

Household Income: _____

Are you a U.S. Citizen? _____

Participant Release & Waiver of Liability and Indemnity Agreement

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.

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.

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.

Signature (2/2)

Print Full Name (First, Last): _____ Today's Date: _____

Signature:

X

First Name, Last Name