



**All Out Adventures**  
outdoor recreation for people of all abilities

297 Pleasant St., Northampton, MA 01060 • (413) 584-2052 (tel) • (413) 584-2819 (fax)  
[www.alloutadventures.org](http://www.alloutadventures.org) • [info@alloutadventures.org](mailto:info@alloutadventures.org)

**2021 Participant Registration and Release**

Please complete one form for each adult participant. Children may be registered along with an adult family member on the same form. If a participant is under 18 years of age or has a legal guardian, a signature from a parent or the guardian is required.

**Section 1: General Information (Please print clearly)**

Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home ph: \_\_\_\_\_ Email: \_\_\_\_\_

Veteran status (optional):  I have served in the U. S. Military

Emergency contact (first & last name & phone): \_\_\_\_\_

**2: Health Information (All health information is confidential)**

Disability Categories: (please check all that apply)

- \_\_\_\_\_ Mobility
- \_\_\_\_\_ Cognitive
- \_\_\_\_\_ I don't want to identify my disability
- \_\_\_\_\_ Blind/Visual
- \_\_\_\_\_ Social/Behavioral
- \_\_\_\_\_ I don't have a disability
- \_\_\_\_\_ Deaf/Hearing
- \_\_\_\_\_ Psychiatric
- \_\_\_\_\_ Other

**Please check all health conditions you have or have had in the past:**

- \_\_\_\_\_ Seizure Disorder
  - \_\_\_\_\_ Bleeding Disorder
  - \_\_\_\_\_ Loss of Balance
  - \_\_\_\_\_ Spinal Cord Injury (Level):
  - \_\_\_\_\_ Life-Threatening Allergies (describe):
  - \_\_\_\_\_ High Blood Pressure/Heart Disease
  - \_\_\_\_\_ Other health information:
  - \_\_\_\_\_ I have fallen in the past 5 years (Please explain):
  - \_\_\_\_\_ I use an assistive device (e.g. wheelchair, hearing aid, oxygen, etc.):
  - \_\_\_\_\_ I carry the following medications: (please also tell us where you keep them):
- (Please describe any checks above):





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- Yes  No Can you independently form a water tight seal with your mouth?
- Yes  No Can you independently hold your head above water?
- Yes  No Can you independently turn your face up in the water while wearing a life jacket?
- Yes  No Can you alert program staff to your needs?
- Yes  No Will you be able to refrain from behaviors that pose a risk to yourself and/or others? (e. g. Pica, aggression, lack of safety awareness, wandering away from the group.)
- Yes  No Will a Personal Care Assistant accompany you? If yes, please provide their name:

Please offer any additional information you feel program staff should be aware of for your safety and comfort:

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The undersigned, on behalf of the above mentioned participant, in connection with his/her participation in events held by All Out Adventures hereby releases All Out Adventures and its employees, vendors, agents, representatives, volunteers, board members, from any and all liability, loss, damages, costs, claims and/or causes of action, including but not limited to property damage and emotional and bodily injuries, including death, arising in any way from my or my child's or ward's enrollment or participation in any program, course or recreational activity of every type and description provided or sponsored by the Providers. I understand that my or my child's or ward's participation in such program, course or recreational activity may involve risk and the possibility of injury to me or to my child or ward, and to others, and of property damage. I hereby release and hold the Providers harmless from liability for any such injury or damage, whether incurred by me, my minor child or my ward, and including any injury that may occur as a result of emergency care provided by the Providers. I also hereby indemnify the Providers from any liability, loss, damages, costs, claims and/or causes of action brought by the minor child, the ward, or members of the minor child's or ward's family arising from their enrollment or participation, and from claims of others who I or my child or ward injure while participating in such program, course or recreational activity, including any injury that may occur as a result of emergency care provided to others by the Providers. The undersigned, on behalf of the below mentioned participant, in connection with his/her participation in events held by All Out Adventures, gives my permission for All Out Adventures to use photographs and/or videotape of me or the participant for publicity and media purposes, including but not limited to internet publications and inclusion in any All Out Adventures publication.

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**Individual Participant: SIGN HERE IN INK** **DATE**  
(If participant is under the age of 18 or not their own guardian, guardian signature is required)

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**Parent/Legal Guardian Signature** (Parent/Legal Guardian Name)



*We promote health, community and independence for people with disabilities and their family and friends through outdoor recreation.*