



# Group Application

Therapeutic Recreation For Youth & Adults  
P.O. Box 2866 \* Great Falls, MT 59403  
406-454-1449 \* eagle\_mountgf@eaglemount.net  
www.eaglemount.net

This section is for office use only:

Organization/Group Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Number of Clients \_\_\_\_\_ Number of Staff \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Best way to contact you?  Phone  Email  Mail

Responsible party for paying Eagle Mount fees \_\_\_\_\_

Activities/Programs you are interested in: \_\_\_\_\_

How did you hear about Eagle Mount and what are your expectations?  
\_\_\_\_\_  
\_\_\_\_\_

List all clients attending programs. Include name, age, and mobility needs.

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mobility Needs: \_\_\_\_\_ Independent \_\_\_\_\_ Wheelchair Bound\* \_\_\_\_\_ Uses Walker \_\_\_\_\_

Other \_\_\_\_\_

\*If Wheelchair Bound: \_\_\_\_\_ Electric \_\_\_\_\_ Self-Propelled Can he/she transfer to regular seat? \_\_\_\_\_

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mobility Needs: \_\_\_\_\_ Independent \_\_\_\_\_ Wheelchair Bound\* \_\_\_\_\_ Uses Walker \_\_\_\_\_

Other \_\_\_\_\_

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Other \_\_\_\_\_

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List all clients attending programs. Include name, age, and mobility needs. (continued)

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Mobility Needs: \_\_\_ Independent \_\_\_ Wheelchair Bound\* \_\_\_ Uses Walker \_\_\_  
Other \_\_\_\_\_  
\*If Wheelchair Bound: \_\_\_ Electric \_\_\_ Self-Propelled Can he/she transfer to regular seat? \_\_\_

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Mobility Needs: \_\_\_ Independent \_\_\_ Wheelchair Bound\* \_\_\_ Uses Walker \_\_\_  
Other \_\_\_\_\_  
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Mobility Needs: \_\_\_ Independent \_\_\_ Wheelchair Bound\* \_\_\_ Uses Walker \_\_\_  
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Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please list any pertinent emergency information regarding the present medical conditions of any of the participants listed on this application. This information is asked for and will be used for emergency purposes only.

## Eagle Mount Participant Release of Liability / Information

**Initialing each of the following paragraphs and signing below states that you have read each statement thoroughly, understand that you may have given up substantial rights by initialing and signing this release, have not changed it orally, and initial and sign it voluntarily.**

In consideration of being allowed to participate in any way in Eagle Mount-Great Falls, and/or Disabled Sports USA recreation programs, related events, and activities, we and/or minor participant and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

### **INITIAL**

\_\_\_\_\_ Agree that prior to participating I will inspect to the best of my ability, or if a parent and/or legal guardian I will instruct the minor participant to inspect to the best of his/her ability, the facilities and equipment to be used, and if I believe anything is unsafe, I and/or the minor participant will immediately advise an Eagle Mount-Great Falls staff person of such condition(s) and refuse to participate.

\_\_\_\_\_ Acknowledge and fully understand that I and/or minor participant, will be engaged in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my/their own actions, inaction's, or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

\_\_\_\_\_ Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

\_\_\_\_\_ Release, waive, discharge and covenant not to sue Eagle Mount-Great Falls, and/or Disabled Sports USA, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

\_\_\_\_\_ Give permission for Eagle Mount-Great Falls to obtain for me emergency medical treatment, as they deem advisable.

\_\_\_\_\_ Give permission for Eagle Mount-Great Falls to use photographs, videos and general information about me in their efforts to publicize their programs.

\_\_\_\_\_ Acknowledge and fully understand that Eagle Mount-Great Falls staff members have the authority to exclude participants from the program for behavior they deem unsafe. Use of alcohol and illegal drugs, or being under the influence, is unsafe behavior.

\_\_\_\_\_ Understand and agree that information regarding Eagle Mount participant or volunteer medical history, family background, and other personal information will be kept strictly confidential.

Y N Has anyone been convicted of any crimes including sexual abuse related offenses? If yes, explain on back.

\_\_\_\_\_ Eagle Mount reserves the right to verify this information which may include a criminal background check. Applicants who provide false information will be disqualified or terminated from participating or volunteering with Eagle Mount.

We have read the above statements & understand we may have given up substantial rights by signing & sign voluntarily.

Organization/Group Manager	Date	Organization/Group Care Taker	Date
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**Each Participant or Parent/Guardian and all Staff members attending must sign below regarding the above release:**
