



Eagle Mount Great Falls
 P.O. Box 2866
 Great Falls, MT 59403
 Phone: (406) 454-1449, Fax: (406) 454-1780
 eaglemountgf@gmail.com

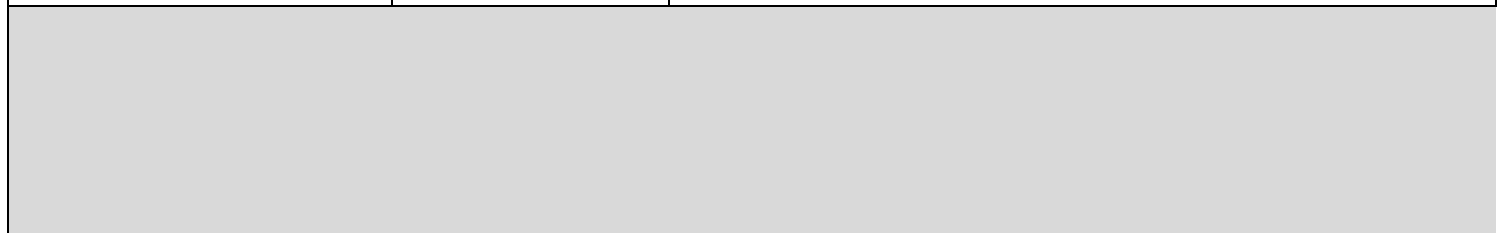
Area for Office Use Only: <input type="checkbox"/> Online Waivers ____/____/____ <input type="checkbox"/> Paper Waivers ____/____/____ Media: List/highlight names with NO media.

GROUP PARTICIPATION

GROUP INFORMATION			
Organization/Group Name:	Contact Person:	Phone:	
Address:			
City:	State:	Zip:	
Business Phone:	Mobile:	Other:	
Email Address:			
Check best way(s) to reach you: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Business <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Text			
PROGRAM INFORMATION			
Program: <input type="checkbox"/> Rafting <input type="checkbox"/> Pontoon <input type="checkbox"/> Other _____			
Activity Date: _____ # of clients _____ # of staff _____			
PROGRAM GUIDELINES – please confirm you understand the program’s guidelines/policies.			
<input type="checkbox"/> I have received, read and understand the above checked program guidelines/policies.			
<input type="checkbox"/> I understand that each client and staff participating in any Eagle Mount activity must have a liability form signed before attending. Liability waivers can be signed online at https://www.waiverfile.com/b/EagleMountGreatFalls/ or you can download a paper copy from www.eaglemount.net or request a paper copy. Once you sign a waiver it is good for one year and can be used for <u>all</u> Eagle Mount activities you attend.			
EMERGENCY CONTACT			
First Name:		Last Name:	
Home Phone:	Mobile:	Work:	
ATTENDANCE – First & Last Name and all information requested for each client and staff member attending			
1.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____	
2.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____	
3.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____	

Group Name:

4.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
5.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
6.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
7.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
8.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
9.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
10.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
11.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
12.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
13.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
14.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
15.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____
16.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Veteran <input type="checkbox"/> Staff	Disability/Limitations: _____ Age ____ Ht: ____ Wt: ____



Group Name:

OTHER INFORMATION

What brought you to Eagle Mount Great Falls?

What are your expectations from participating in our programs/activities?

Has anyone ever been convicted of any crimes including sexual abuse related offenses? Y N *If YES, explain:*

Please provide any additional information or concerns that you feel will help us create a successful experience for your group:

ACKNOWLEDGEMENT – Must be completed by authorized person that is responsible for your group.

I certify that the information provided on this form is true and correct to the best of my knowledge. Eagle Mount Great Falls reserves the right to verify all information.

✓ Liability Waiver: **Initial:** _____ **Everyone in my group has signed the waiver(s) online.** _____ **We signed paper copies.**

Printed Name:

Date:

Signature:

Group Name:

Notice of Information Practices and Privacy Statement for Eagle Mount Great Falls (EMGF)

Eagle Mount Great Falls, P.O. Box 2866, Great Falls, MT 59403. www.eaglemount.net (406) 454-1449

Programs: Montana Vet Program, Equestrian, Sled Hockey, Ski/Board, Tippy Toes, Camp GREAT, Climbing, Bowling, and any other activity EMGF provides its participants on a one-time or yearly basis.

How We Collect Information About You: Eagle Mount Great Falls (EMGF) and its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voicemails, and from the submission of applications that are either required by law or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voicemails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about participants or volunteers who apply for or receive our services that are considered confidential, is restricted by law, or has been specifically restricted in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your application or to provide you with safe recreational adaptive activities which may require communication between EMGF and health care providers, medical product or service providers, and other providers necessary to: verify your information is accurate and determine the most appropriate and safe activities in any of the EMGF programs.

If you apply or attempt to apply to receive services through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors.

Limited Right to Use Non-Identifying Personal Information from Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of EMGF. We reserve the right to use non-identifying information about our participants and volunteers for fundraising and promotional purposes that are directly related to our mission.

No one will be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

I have read and understand EMGF's Privacy Statement.
