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:

PARTICIPATION APPLICATION

PARTICIPANT INFORMATION

First Name:	Middle Initial:	Last Name:	Date of Birth:
Address:	Sex: ☐ M ☐ F	Height (ft,in):	Weight (lbs):
City:		State:	Zip:
Home Phone:	Mobile:	Work:	
Email Address:			

Check best way(s) to reach you: ☐ Mail ☐ Email ☐ Home ☐ Mobile ☐ Work ☐ Text

MILITARY SERVICE (check all that apply)

Status: ☐ Active Duty ☐ Reserve ☐ Guard ☐ Retired Interested In: ☐ Male Only Groups ☐ Female Only Groups

☐ Veteran Only Programs/Classes ☐ One-on-One Classes ☐ No preference

PARENT/LEGAL GUARDIAN INFORMATION (IF PARTICIPANT IS A MINOR OR LEGALLY INCAPACITATED)

First Name:	Last Name:	Relationship:
Address (if different than above):		
City:	State:	Zip:
Home Phone:	Mobile:	Work:
Email Address:		

EMERGENCY CONTACT

First Name:	Last Name:	
Relationship to Participant:		
Home Phone:	Mobile:	Work:

MEDICAL INFORMATION

Disability/Diagnosis (please do not use acronyms):

Primary Care Physician:	Specialist Care (i.e. Neurologist, Physical or Occupational Therapist, Counselor):
Date of injury or onset of disability (optional):	Assistive Device(s) or Prosthetics Used (include any spinal stabilization):

Are you able to walk? ☐ Y ☐ N *If YES, please indicate for how long/far?*

Do you use a wheelchair? ☐ Y ☐ N *If YES,* ☐ *Confined* ☐ *Transfers independently* ☐ *Transfers with assistance*

Participant Name: ______

Currently taking any medications, including psychotropic? ☐ Y ☐ N *If YES, please list all, including over-the-counter*

Have you had surgery in the last six months? ☐ Y ☐ N *If YES, please describe*

Have you ever been hospitalized (include psychiatric in the past 2 years)? ☐ Y ☐ N *If YES, please describe*

Do you have allergies? ☐ Y ☐ N *If YES, please list:*

Do you carry an EpiPen? ☐ Y ☐ N **Do you carry an Inhaler?** ☐ Y ☐ N

PLEASE INDICATE YES OR NO TO EACH QUESTION. IF YES, PLEASE DESCRIBE TYPE AND SEVERITY		
Traumatic Brain Injury?	☐ Y ☐ N	
Post-Traumatic Stress and/or Anxiety	☐ Y ☐ N	
Depression? *Suicidal Thoughts?* ☐ Y ☐ N *Suicidal Attempts?* ☐ Y ☐ N	☐ Y ☐ N	
History of seizures or seizure disorder?	☐ Y ☐ N	
Blind or visually impaired?	☐ Y ☐ N	
Deaf or hard of hearing?	☐ Y ☐ N	
Limited range of motion in any limbs?	☐ Y ☐ N	
Difficulty with balance or coordination?	☐ Y ☐ N	
Any type of paralysis?	☐ Y ☐ N	
Sensitivity to hot or cold?	☐ Y ☐ N	
Difficulty speaking or communicating?	☐ Y ☐ N	
Memory loss and/or difficulty remembering or following directions?	☐ Y ☐ N	
Emotional and/or behavioral concerns?	☐ Y ☐ N	
Atlantoaxial Instability?	☐ Y ☐ N	
Cognitive or developmental delay?	☐ Y ☐ N	
Heart/Cardiac condition?	☐ Y ☐ N	
Breathing difficulties and/or respiratory condition?	☐ Y ☐ N	

Please list doctor restrictions (including driving) or any other medical conditions, concerns, or behavioral/emotional triggers not mentioned above:

Participant Name:

PARTICIPATION INFORMATION

Please select the programs/activities you are interested in participating in:

Featured Programs: ☐ Horsemanship ☐ Ski/Board ☐ Sled Hockey ☐ Camp GREAT

☐ Tippy Toes (infant/toddler creative movement) ☐ Montana Vet Program (MVP)

Other Activities: ☐ Climbing ☐ Bowling ☐ Pontoon ☐ Rafting ☐ Friday Night Out/Prom

Other activities of interest (not listed):

You will receive detailed program information based on the selection(s) that you make. Some programs will have supplemental questionnaires to assist in providing safe and fun activities. You will be contacted within two weeks of receiving your application.

What brought you to Eagle Mount Great Falls?

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

What do you currently do for exercise and how often?

What are your recreation goals?

Will a caregiver be accompanying you? ☐ Y ☐ N *If YES, please list name and contact information:*

Have you 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 you: (feel free to include any personal goals, spiritual disclosures, dietary restrictions, home & family life, etc. – **help us get to know you better!**)

ACKNOWLEDGEMENT

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. Forms of verification may include, but are not limited to: 1. Physical/medical evaluation report (written or verbal) from your current physician or other specialty care provider listed on this form. 2. Criminal background check. 3. Veteran status. Applicants who provide false information will be disqualified from participating or volunteering.

Printed Name:	**Date:**
Signature:	

If the participant is under 18 or legally incapacitated, this section must also be completed:

Parent/ Legal Guardian Printed Name:	**Date:**
Parent/Legal Guardian Signature:	**Relationship:**

Participant's Consent for Release of Information

I hereby authorize any physician, hospital, clinic, school, psychologist, psychiatrist, and/or counselor to release

information from the records of ______________________________ D.O.B. ____________________.
(participant's name) (date of birth)

The information is to be released to **EAGLE MOUNT GREAT FALLS** for one or more of the following program(s). For more information on the activities within these programs, please see our website, www.eaglemount.net, or give us a call at 454-1449.

Featured Programs

Ski & Board; Equestrian Program (riding, non-riding, equine facilitated learning);
Sled Hockey; Montana Vet Program (MVP), Tippy Toes (Creative Movement) & Camp GREAT.

All other activities include

Climbing, Bowling, Friday Night Out, Prom, Rafting, Pontoon, Art

For determining the most appropriate and safe activities in any of the above programs, Eagle Mount Great Falls may request one or more of the following information. All information will be treated as confidential and only used for programming purposes.

- Medical evaluation/history
- Physical and/or Speech therapy evaluation, assessment and program plan
- Mental health diagnosis and treatment plan
- Classroom Individual Education Plan (IEP)
- Psychosocial evaluation, assessment and program plan
- Cognitive-Behavioral management plan

This release is valid for one year and can be revoked, in writing, at my request.

Signature: ______________________________ Date: ____________________

Printed Name: ______________________________

Relation to Participant (if other than self): ______________________________

Disabled Sports USA Waiver & Release of Liability Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this Disabled Sports USA Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, Eagle Mount Great Falls, and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Eagle Mount Great Falls related events and activities, the Undersigned ("Undersigned" means the Participant or the Participant's parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

1. **Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. **Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in any Disabled Sports USA/ Eagle Mount Great Falls events or activities or the Participant's presence on or travel to the premises where such events or activities take place, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims, or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in such events or activities or the Participant's presence on or travel to the premises where such events or activities take place. WARNING: It is the law of the State of Montana that a person is not liable for damages sustained by another solely as a result of risks inherent in equine activities if those risks are or should be reasonably obvious, expected or necessary to persons engaged in equine activities. (27-1-725 to 27-1-727, MCA)

3. **Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.

4. **Medical Treatment.** Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

5. **Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations, and ordinances; (b) this Agreement shall be governed by the laws of the State of Montana and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Cascade County, MT; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.

Participant's Signature	**Participant's Name (please print clearly)**	**Date**

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB	**Parent/Legal Guardian or Representative Signature**	**Parent/Legal Guardian or Representative Name**	**Relationship**	**Date**

Disabled Sports USA Media Release Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. "Released Parties" include Disabled Sports USA, Eagle Mount Great Falls and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes, and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature	**Participant's Name (please print clearly)**	**Date**

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor, or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB	**Parent/Legal Guardian or Representative Signature**	**Parent/Legal Guardian or Representative Name**	**Relationship**	**Date**