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

Area for Office Use Only:
☐ Online Waiver _____/_____/_____
☐ Paper Waiver _____/_____/_____
☐ Medical Rel. _____/_____/_____
Media ☐ Yes ☐ No

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			

SERVICE (check all that apply)

☐ **VETERAN** ☐ **MILITARY ACTIVE DUTY** ☐ **1st RESPONDER (EMS, Fire, Police)** ☐ Active ☐ Retired

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*	

Find Us!
www.eaglemount.net or **eaglemountgf** on

Currently taking any medications that could affect your participation with us? ☐ Y ☐ N *If YES, please list all, including over-the-counter*		
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	
History of seizures or seizure disorder? *If yes, please describe what kind, last known seizure, how often, any known triggers and how long it lasts.*	☐ 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	
If Down Syndrome – any history of Atlantoaxial Instability? *(Please state date of last x-ray)*	☐ 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:		

PARTICIPATION INFORMATION
What are your activity interests and your expectations from participating in our programs/activities? www.eaglemount.net *You will receive detailed program information based on your application answers. 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 do you currently do for exercise and how often?
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:

Participant's Consent for Release of Information

I hereby authorize my health care provider to complete and sign an Eagle Mount Great Falls Medical Report for the purposes of relaying disability information as well as any limitations, concerns, or restrictions regarding my participation in adaptive recreational activities.

_____ D.O.B. _____.
(participant's name) (date of birth)

For determining the most appropriate and safe activities in any of the above programs, Eagle Mount Great Falls requests a medical report to be completed by primary care giver or other care provider. All information will be treated as confidential and only used for programming purposes. The information is to be released to **EAGLE MOUNT GREAT FALLS** for adaptive recreational activities. For more information on our programs, please see our website, www.eaglemount.net, or give us a call at 454-1449. 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): _____

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

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.

_____

Move United Waiver & Release of Liability Agreement

Move United, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this Move United 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 Move United, 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 Move United 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. Risks of Participation. The Undersigned recognizes and understands that while Released Parties have undertaken reasonable steps to lessen the risk of transmission of communicable diseases, including but not limited to, COVID-19, in connection with participation in the activities, the Released Parties are not responsible in any manner for any risks related to communicable diseases in connection with Participant's participation in the activities. Specifically, the Undersigned understands that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. The Undersigned is fully aware that participation in the activities carries with it certain inherent risks related to transmission of communicable diseases ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying a communicable disease; (2) the risk of transmitting or contracting a communicable disease, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof. Further, the Undersigned understands that the risks of all communicable diseases are not fully understood, and that contact with, or transmission of, a communicable disease may result in risks to the Participant including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. The Undersigned hereby voluntarily accepts and assumes all risk of loss, personal injury, sickness, death, damage, and expense for the Participant arising from such Inherent Risks. Furthermore, the Undersigned represents and warrants that Participant does not knowingly carry any communicable diseases that may be transmitted during participation in the activities.

3. 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 Move United/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.

4. 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.

Move United Waiver & Release of Liability Agreement

5. 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.

6. 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/they is not only signing this Agreement on his/her/their behalf, but that he/she/they 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/they 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**

Move United Media Release Agreement

Move United and its affiliated Chapters are not-for-profit entities. “Released Parties” are Move United, Eagle Mount Great Falls and their successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, vendors, consultants, contractors, assigns, volunteers, participants, sponsoring agencies, sponsors, advertisers, and event premises.

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/they is not only signing this Agreement on his/her/their behalf, but that he/she/they 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/they 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**