



# 2020 Participant Application

For October 2019 through September 2020

Eagle Mount Bozeman provides Adaptive Recreation for People with Disabilities and Camps for Young People with Cancer  
[www.eaglemount.org](http://www.eaglemount.org)

<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> DP	
Last Participated _____	
Dr ReleaseDate _____	Media <input type="checkbox"/> Y <input type="checkbox"/> N
Contacted by: _____	Sig Comp <input type="checkbox"/>

## PARTICIPANT INFORMATION

All information must be complete before registration

Legal Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

I prefer to be called: \_\_\_\_\_ Payment Party for Program Fees \_\_\_\_\_

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

Primary Phone Number \_\_\_\_\_ Preferred Email \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_ Preferred Contact Method  Call  Email  Text

Can we send you Text Message Reminders?  Yes  No Best number for Text Reminders: \_\_\_\_\_

School/Group \_\_\_\_\_

<b>*EMERGENCY INFORMATION - REQUIRED</b>		
Please furnish the name and phone number of someone who can be contacted (if under 18, in ADDITION to parents)		
Name: _____	Relationship: _____	
Home Phone: _____	Work Ph: _____	Cell: _____
Physician Name: _____	Physician Phone: _____	

<b>PARENT/GUARDIAN INFORMATION (FOR PARTICIPANTS UNDER 18)</b>			
Parent/Legal Guardian Name _____	Preferred Phone _____		
Mailing Address* _____ <small>*If Different then above Street Address City State Zip</small>			
Parent/Guardian Email _____	Alternate phone number(s) _____	Type _____	
Would you like to be on our parent email list?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent/Guardian Email _____	Alternate phone number(s) _____	Type _____	
Would you like to be on our parent email list?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please list people who have permission to pick up your child and whom Eagle Mount may contact if unable to reach you:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number(s) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number(s) \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number(s) \_\_\_\_\_

**Does your child have an IEP? Providing a copy of your child's IEP/BIP can be a great tool for success and safety!**

I DO give permission for my above named child's school or therapist to release his/her IEP to Eagle Mount

I do NOT give permission for my above named child's school or therapist to release his/her IEP

X \_\_\_\_\_  
**Signature of Participant or Guardian** Name (PLEASE PRINT CLEARLY) Date

**Check ALL Program(s) you are interested in for 2019/2020:** See 2020 Annual Guide or [eaglemount.org](http://eaglemount.org) for program descriptions.

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Aquatics (Swimming) | <input type="checkbox"/> XC-Ski/Snowshoe | <input type="checkbox"/> Handcycling | <input type="checkbox"/> Horticulture/Gardening             |
| <input type="checkbox"/> Adventure Days      | <input type="checkbox"/> Downhill Ski    | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Saturday Night Out/Kids' Night Out |
| <input type="checkbox"/> Family Support      | <input type="checkbox"/> Wheelchair Gym  | <input type="checkbox"/> Climbing    | <input type="checkbox"/> Therapeutic Horsemanship           |

**\*\*\*YOUR REGISTRATION IS NOT CONFIRMED UNTIL YOU HEAR FROM PROGRAM STAFF\*\*\***

If you do not hear from program staff by six weeks before the session, please contact us!

**Attention:** At least 24 hours notice is requested when a participant is unable to make a class. This allows us to respect our volunteers' time and contact volunteers scheduled for the same time period. **Two unexcused absences** in a program may result in forfeiture of your place in the class. For full policies on attendance, scholarships and refunds please reference the current Annual Guide and Parent Handbook.

To submit your application, return it to: 6901 Goldenstein Lane • Bozeman, MT 59715 • 406.586.1781  
 FAX: 406.586.5794 • EMAIL: [eaglemount@eaglemount.org](mailto:eaglemount@eaglemount.org)

**DISABILITY & MEDICAL INFORMATION:**Please fill out thoroughly and legibly. We must have this information to provide a **SAFE PROGRAM**.**All Information is required! If not, your application will be sent back for you to complete.**

Participant's Disability: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Secondary Disability?: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Shoe Size \_\_\_\_\_

If Down syndrome, I understand an Annual Physician's statement for neurological symptoms of AAI is mandatory. Initials \_\_\_\_\_

If Down Syndrome: AAI negative X-Ray  Yes  No Date of X-Ray: \_\_\_\_\_Wheelchair Use?  Electric  Manual  No If yes, % of time \_\_\_\_\_ If yes, assistance needed?  Yes  No

Medical or walking aids? (cochlear implant, shunts, leg braces, walker, etc.) \_\_\_\_\_

Subject to Seizures?  Yes  No Type \_\_\_\_\_ Frequency \_\_\_\_\_ Date of most recent seizure \_\_\_\_\_Current Medications?  Yes  No Type/Purpose: \_\_\_\_\_Allergies (food/medications/environment)  Yes  No Please list: \_\_\_\_\_Visual or hearing impairment?  Yes  No If yes, please describe \_\_\_\_\_Communication style?  Verbal  Nonverbal  Sign Language  Other: \_\_\_\_\_Are you currently receiving treatment or therapy?  Occupational Therapy  Mental Health Counseling  Physical Therapy  
 Speech Therapy  Other (Please describe) \_\_\_\_\_Any injuries, illnesses, surgeries or skin breakdown in the last year, or pertinent past surgeries?  Yes  No If yes, please describe: \_\_\_\_\_Any body parts susceptible to cold, heat, impact?  Yes  No If yes, please describe \_\_\_\_\_

How does participant behave when upset or frustrated? (cries, walks away, screams, etc.) History of physical aggression? \_\_\_\_\_

What are participant's special interests, likes, or motivators? (music, talking about cars, etc) \_\_\_\_\_

Any fears or concerns? (heights, falling, animals, etc.) \_\_\_\_\_

Please write one goal to be achieved while participating at Eagle Mount \_\_\_\_\_

Which of the following barriers restrict physical activity? Please check all that apply.

- Lack of endurance  Lack of coordination  Lack of mobility  Lack of flexibility  Lack of strength  Muscle spasticity  
 Low/high muscle tone  Incontinence  Other \_\_\_\_\_

It is the responsibility of the participants, parents, and guardians to notify Eagle Mount if any of the above information changes during the year that the application is in effect. Eagle Mount reserves the right to require a physician, OT or PT examination if necessary.

**EAGLE MOUNT BOZEMAN PARTICIPATION AGREEMENT**

- I agree to respect Eagle Mount Bozeman participant, staff, and volunteer rights with regard to privacy of information and to keep "professional" confidentiality in all my statements both within and outside of the organization.
- I agree to abide by the rules and policies of Eagle Mount Bozeman during programs at Eagle Mount facilities and related activities.
- I understand that Eagle Mount Bozeman staff members have the authority to exclude participants from the program for behaviors that are deemed to be unsafe. Use of alcohol or illegal drugs is unsafe behavior.
- I give permission for the exchange and release of my medical and confidential information to professionals and staff.
- I give my consent to Eagle Mount Bozeman and its medical representative to obtain medical care from any licensed physician, hospital, or clinic, for any injury that could arise from participation in Eagle Mount Bozeman activities.

X  
 Signature of Participant or Guardian \_\_\_\_\_ Name (PLEASE PRINT CLEARLY) \_\_\_\_\_ Date \_\_\_\_\_

# MEDIA RELEASE FORM

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_

(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby  DO  DO NOT authorize and give my full consent to Eagle Mount Bozeman to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this Eagle Mount event. I further agree that Eagle Mount Bozeman may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X  
Signature of Participant or Guardian \_\_\_\_\_ Name (PLEASE PRINT CLEARLY) \_\_\_\_\_ Date \_\_\_\_\_

## PARTICIPANT ASSUMPTION OF RISK

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. All participants must sign this document. For participants under 18 yrs. of age or who have a legal guardian, one or both parent(s) or legal guardian(s) must also sign. Throughout this document, participants who are under 18 or have a guardian will be referred to as 'ward,' and parent(s) and guardian(s) will be referred to collectively as 'guardian(s).' In consideration of the services of Eagle Mount Bozeman, and its Board of Directors, employees, representatives, volunteers, and all other persons or entities associated with them (collectively referred to in this Document as 'Eagle Mount'), the undersigned participant and guardian(s) of a participant acknowledge and agree as follows:

I and my guardian(s) agree and acknowledge that participating in Eagle Mount Bozeman programs activities involves inherent and other risks, hazards and dangers that can cause or lead to injury, property damage, illness, mental or emotional trauma, disability or death to participant or others. The following includes some, but not all of those risks, hazards and dangers:

Risks present in outdoor, skiing, horse activities, swimming, boating, and mountainous environments include storms, strong winds, avalanches, snow or ice, falling rocks or other objects, lightning, high altitudes, rapidly moving rivers or streams, currents, waves, whitewater, stream or river crossings, extremely hot or cold weather or contaminated water, wild animals, disease carrying or poisonous animals or insects and other natural or manmade hazards, unexpected animal movements or actions, risks of skiing, rock climbing, and the like. Risks in decision making including, without limitation, the risk that Eagle Mount may misjudge weather, terrain, water conditions, or route location, or they may misjudge a participant's capabilities. Equipment may be misused, or may break, fail, or otherwise malfunction. Remote locations present risks including delays and difficulties with communication, transportation, evacuation and medical care. Medical facilities may be hours or even days away from the program location. Travel may be by foot, motor vehicle, boat, kayak, horse, bicycle or other means and can be over rough and hazardous terrain. Conduct risks include the potential that the participant, other participants, or third parties (e.g. general public, rescue personnel, or medical personnel) may act carelessly or recklessly.

These and other risks, hazards and dangers may result in participants falling, being struck, colliding with objects or people, experiencing vehicle collision, being thrown or falling from horse, drowning, reacting to weather conditions or increased exertion, suffering complications or allergic reactions, becoming disoriented, or experiencing other problems. These and other circumstances may cause hyperthermia, hypothermia, dehydration, heart or lung complications, broken bones, head injury, paralysis, or other injury, damage, death or loss.

I and my guardian(s) acknowledge:

- I have accurately completed all required forms and reviewed and understand all Eagle Mount Bozeman program information and materials received;
- I have disclosed to Eagle Mount Bozeman any medical or physical conditions which may affect my (or my ward's) participation in the program;
- Eagle Mount Bozeman representatives are available if I have questions about the physical demands of and the risks associated with these activities;
- Eagle Mount cannot assure participant's safety or eliminate these or other risks.

Participant is voluntarily participating with knowledge of the risks. Therefore, participant and guardian(s) assume and accept full responsibility for the risks of these activities (both known and unknown), and for any injury, damage, death or other loss suffered by participant and guardian(s), resulting from those risks or resulting from participant's negligence or other misconduct.

## RELEASE AND INDEMNITY AGREEMENT

Please read carefully. This Release and Indemnity agreement contains a surrender of certain legal rights. I (participant or guardian(s)) agree as follows:

- (1) to release and agree not to sue Eagle Mount Bozeman, its Board of Directors, employees, representatives, volunteers, and other participants with respect to all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claims'), in any way connected with my/my ward's enrollment or participation in these activities. I understand I agree here to waive all claims I may have against Eagle Mount Bozeman and agree that neither I, nor anyone acting on my behalf, will make a claim against Eagle Mount Bozeman as a result of any injury, damage, death or other loss suffered by me or my ward;
- (2) to defend and indemnify ('indemnify' meaning protect by reimbursement or payment) Eagle Mount Bozeman with respect to all claims brought by or on behalf of me, my ward, or a family member, in any way connected with my/my ward's enrollment or participation in these activities or use of Eagle Mount Bozeman equipment or facilities.

This Release and Indemnity Agreement includes any losses caused or alleged to be caused, in whole or in part, by the negligence of Eagle Mount Bozeman (but not its gross negligence or intentional or reckless misconduct), and includes claims for personal injury, property damage, wrongful death, breach of contract or otherwise.

**Eagle Mount is required by law to include the following statement: By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.**

X  
Signature of Participant or Guardian \_\_\_\_\_ Name (PLEASE PRINT CLEARLY) \_\_\_\_\_ Date \_\_\_\_\_