



Registration Form
Deliver onsite to Applewood before
participation can begin

Applewood Event

Applewood Event Attending: \_\_\_\_\_ Date: \_\_\_\_\_

Family Information / Parent / Guardian Contact

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Participant Information

1st Participant Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_
2nd Participant Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_
3rd Participant Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_
Special Medical Conditions/Allergies/Restrictions \_\_\_\_\_

Affiliated Program/School

School or Program Name: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_
Supervisor Phone: \_\_\_\_\_ Supervisor E-Mail: \_\_\_\_\_

ASSUMPTION OF RISK, WAIVER OF LIABILITY As legal guardian and/or one of the above named persons and/or participants, I recognize that potentially severe injuries, including permanent paralysis or death can occur in any situation, including but not limited to participation in walking, hiking, running, clinics, camps, field trips, tours, play time, group activities, group fitness, any activity involving height or motion, and all other activities. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all programs hosted by the Ruth Mott Foundation and Applewood (further referred to as RMF), either on RMF property or elsewhere, and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child and/or myself to participate, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE the Ruth Mott Foundation and Applewood, its officers, trustees, employees, or other representatives, whether paid, volunteer, or contractor, from all liability for any and all damages or injuries suffered by myself or my child while involved in any way, shape, or form with RMF activities or on the RMF property. I also understand that it is the responsibility of the legal guardian and/or the above named persons to warn the participant and/or be aware of the dangers of injury. The guardian is aware and should warn the participant according to what the guardian feels is appropriate.

CONSENT TO USE PHOTOGRAPH, FILM OR VOICE ON RADIO, TELEVISION, SOCIAL AND PRINT MEDIA
I also understand and give permission for photographs and videos of named persons and/or participants and/or myself be used in print, broadcast or social media as deemed appropriate for the promotion of the RMF. I acknowledge that the photographs/video taken are property of the RMF.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE I fully understand that RMF associates/representatives are not physicians or medical practitioners of any kind. With the above in mind, I hereby release RMF Staff members, volunteers, Red Cross affiliates to render temporary first aid to named persons and/or participants in the event of any injury or illness, and if deemed necessary by any of the aforementioned personnel to seek medical help including calling of an ambulance for aid to named persons and/or participants should this to be deemed necessary. Additionally, I hereby agree to individually provide for all medical expenses, which may be incurred by named persons and/or participants as a result of any injury sustained while participating in any RMF sponsored activity.

ADEQUATE TIME FOR REVIEW I completely understand this Agreement and agree to be bound by its terms, understand that I am giving up substantial rights, including my right to sue and acknowledge that I am signing this Agreement freely and voluntarily.

Signature: x \_\_\_\_\_ Date \_\_\_\_\_