



2024 Registration for WWVDN, P2P, & SOAR Events

Participant's Name: _____

Participant's Address: _____

Participant's Gender: _____ Male _____ Female

Participant's Date of Birth: _____

Name of Parent/Guardian (if applicable): _____

Email of Parent/Guardian (if applicable): _____

Phone # of Parent/Guardian (if applicable): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

What assistance (if any) does the participant require?:

Medical Information:

Participant's disability or health impairment: _____

Medical Concerns (allergies, seizures, physical limitations, if any):

Does the participant take medication? _____ Yes _____ No

(Information is needed in case of emergency)

If yes, please indicate medication and dosage: _____

See other side

Liability Release & Hold Harmless Agreement **Please read carefully**

I understand there are special dangers and risks inherent in Parent to Parent (P2P), SOAR, and Walla Walla Valley Disability Network (WWVDN) activities, including but not limited to the risk of physical injury, death or other harmful consequences which may arise directly or indirectly from participation in these activities. Being aware of said risks I knowingly and voluntarily give my consent for the participant named at the beginning of this form to participate in P2P/WWVDN/SOAR Activities in 2024, sponsored and supported by the Walla Walla Valley Disability Network.

Being fully informed as to the risks and in consideration of the Walla Walla Valley Disability Network, SOAR, and Parent to Parent allowing the participant to participate in these sponsored activities I, on my own behalf, and on behalf of the participant, assume all risk of injury, damage and harm to me or to the participant, which may arise from my or the participant's voluntary participation in this activity or use of community facilities.

I further agree to release and hold harmless the Walla Walla Valley Disability Network, its officials, staff and volunteers from any harm caused to me or the participant and which arises or is caused by the negligence of the Walla Walla Valley Disability Network, its officials, staff, volunteers, and agents. I hereby waive any right I or the participant may have to bring a claim or lawsuit for damages against the Walla Walla Valley Disability Network, SOAR, and Parent to Parent for any personal injury, death, or other harmful consequence occurring to me or the participant, or our personal property, arising out of participant's voluntary participation in this activity.

By entering my full legal name below I acknowledge that I have read, understood, and do hereby accept the conditions of this LIABILITY RELEASE & HOLD HARMLESS AGREEMENT, as stated above.

Signature: _____

Date: _____

I further provide my consent that pictures may be taken of the participant named above and used by the Walla Walla Valley Disability Network, SOAR and Parent to Parent for promotional purposes and I acknowledge that I expect no compensation in return.

Allowed uses of photos - please check all that apply

Newsletters Website Brochures Facebook Page YouTube Videos

None of the above

Signature: _____

Date: _____