

# THREE TRACKERS OF OHIO

## GENERAL MEMBERSHIP APPLICATION

Single Student Annual Membership — \$15.00  
Volunteer Membership — FREE



### Section I (Everyone)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I am unable to participate and would like to make a tax deductible donation of:  \$25  \$50  \$100  Other \$ \_\_\_\_\_

### Section II (Students)

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Mode of Ambulation:  Walk  Wheelchair

Disability: \_\_\_\_\_ Date of Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

Restrictions: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Other Significant Information and/or Equipment: \_\_\_\_\_

### Current Medications

<u>Medication</u>	<u>Dosage</u>	<u>Schedule</u>	<u>Reason for Medication</u>

### Medical History

If you have any of the following, please check the condition and explain below.

- |   |  |
|---|--|
| <input type="checkbox"/> Any problem with vision or hearing                                 | <input type="checkbox"/> Problems with teeth, use of dentures, bridges or braces     |
| <input type="checkbox"/> Dizzy spells, fainting, convulsions, persistent headaches          | <input type="checkbox"/> History of epilepsy or other seizure disorder               |
| <input type="checkbox"/> Infection of throat, tonsils, sinuses or ears                      | <input type="checkbox"/> Chronic cough, bronchitis                                   |
| <input type="checkbox"/> Asthma or respiratory problems                                     | <input type="checkbox"/> Palpation of the heart, irregular heart beat, heart murmurs |
| <input type="checkbox"/> Jaundice or Hepatitis  | <input type="checkbox"/> Abdominal cramping or pain                                  |
| <input type="checkbox"/> Frequent urination or diarrhea                                     | <input type="checkbox"/> Kidney infection or stones                                  |
| <input type="checkbox"/> Broken bones, joint dislocations, serious sprains                  | <input type="checkbox"/> Any severe injury to head, chest or internal organs         |
| <input type="checkbox"/> Chronic skin problems (rash-infection-etc..)                       | <input type="checkbox"/> Reaction to extremes of temperature                         |
| <input type="checkbox"/> Any significant issue with internal organs (heart, thyroid, etc..) |  |

Please explain any item(s) circled above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, Three Trackers of Ohio and their representatives, administrators, directors, agents, coaches, employees, 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 Three Trackers of Ohio related events and activities, the Undersigned ("Undersigned" means only the Participant when the Participant is age 18 or older or it means both the Participant and the Participant's parent or legal guardian when the Participant is under the age of 18) 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 the activities, 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 the activities.

**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. 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 OH and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Cuyahoga County, OH; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.**

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

### FOR PARTICIPANTS UNDER THE AGE OF 18

Undersigned parent or legal guardian 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 and that the minor shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent or legal guardian of a minor, the parent or legal guardian understands that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. The Undersigned parent or legal guardian agrees that, but for the foregoing, the minor would not be permitted to participate in the activities. If signing as the parent or guardian of a minor Participant, signing adults represent that they are a legal parent or guardian of the minor Participant.

Minor's DOB	Parent/Legal Guardian Signature	Parent/Legal Guardian Name	Relationship	Emergency Phone	Date

### 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
Parent/Legal Guardian Signature	Parent/Legal Guardian Name	Relationship
		Date