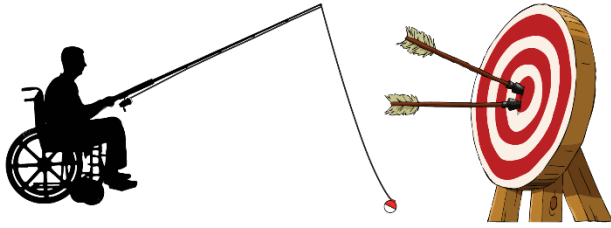


Day at the Range SCIL Outdoor Adventure Fair



Together we can Create an Accessible Outdoors!

15th ANNUAL A DAY AT THE RANGE SCIL OUTDOOR ADVENTURE FAIR

**FREE TO ALL PEOPLE
WITH DISABILITIES
SEPTEMBER 8, 2018**

**Participant Early Bird
Registration Form
www.swmodatr.com**

Enroll in a day of outdoor activities for people with disabilities and their families by completing this form. Through the efforts of volunteers from the Missouri Department of Conservation and Southwest Center for Independent Living, we hope the adventures and challenges that you will experience will provide knowledge and memories to last a lifetime. Please remember that the activities of this event and the provided lunch are at no cost to you.

By completing this form you are indicating that you are a person with a disability and will be attending this event.

Please print clearly...

I need a sign language interpreter: _____ YES

Name: _____ Date of Birth: _____/_____/_____

Address: _____ E-mail: _____

City, State, and Zip: _____

Phone: _____ Cell phone: _____

Emergency contact: _____ Relationship to you: _____

Emergency phone number: _____ Day or Night

What is your disability (if you have a spinal cord injury please indicate para or quad and what level)?

In our attempt to ensure that everyone has a great time please, how many people will be with you _____

HOLD HARMLESS & PHOTO RELEASE AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and give my consent to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Southwest Center for Independent Living, the Conservation Commission, the Missouri Department of Conservation, all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims of liability that could be brought by myself arising out of this participation. In addition, participant grants the hosts and sponsors the unconditional right to use the name, voice, and photographic likeness of the person listed above, in regards to any of the publications and audio/video productions.

_____/_____/_____ / _____/_____/_____ / _____
Signature of Participant / Print Name / Date

_____/_____/_____ / _____/_____/_____ / _____
Signature of Parent or Legal Guardian (if under 18 or not own guardian) / Date

THIS IS A TWO-SIDED FORM

PLEASE TURN OVER AND COMPLETE

ACTIVITIES:

At the range, you will find the following activities:

- | | | |
|------------------------------|---------------------------|-----------------------|
| Adaptive Hunting | Adaptive Outdoors | Archery |
| Bugs / Reptiles | Camping | Critter Coats |
| Fun with Rocks | Local Bird Identification | Bamboo Wind Chimes |
| Shooting – Air Pellet Guns | Shooting – Shotguns | Wing-Bone Turkey Call |
| Wooden Bird Houses & Feeders | Outdoor Crafts | Making |

At the pond, you will find the following activities:

Basic Fishing (CATCH AND RELEASE ONLY)

There will be a bag and wrist band for each disabled participant.

All guests will need to bring their own hat for sun coverage.

Sun screen and bug spray needs to be applied before coming to the event.

Please be aware that the lunch will consist of beef hamburgers and hot dogs with all of the fixings. There will also be chips of various ingredients. Bottled water will be the only beverage we provide during the day. Some fresh fruit will also be available.

WILL YOU BE EATING LUNCH WITH US: _____ YES _____ NO

Special dietary needs must be met by the family

In order to meet your needs and to ensure that you have a successful time at this event, we will need the following information. Please thoroughly complete these following questions, giving as much details as needed. Thank you.

Are you allergic to stings (bees, wasps, hornets, etc.)? Yes No

Are you allergic to latex or other synthetic plastics? Yes No

Will you be riding the SCIL van to the activity? Yes No

Your application will be given to our Transportation Coordinator and she will call you to make your riding arrangements (within Springfield city limits only).

Please check ***the following according to your ability if*** you need assistance:

- | | | |
|--|---|---|
| <input type="checkbox"/> Balancing | <input type="checkbox"/> Holding / grasping | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Seeing / Visual | <input type="checkbox"/> Communication | <input type="checkbox"/> Using a wheelchair |

Please tell us why you have not participated in activities such as this before:

- | | | |
|---|---|--|
| <input type="checkbox"/> New in town | <input type="checkbox"/> Didn't know about them | <input type="checkbox"/> Just heard about it |
| <input type="checkbox"/> Came last year | <input type="checkbox"/> Missed last year but came before | <input type="checkbox"/> No transportation |

Please mail completed form no later than August 31, 2018 to:

**Eric Cote'
Southwest Center for Independent Living
2864 S. Nettleton Avenue
Springfield, MO 65807**