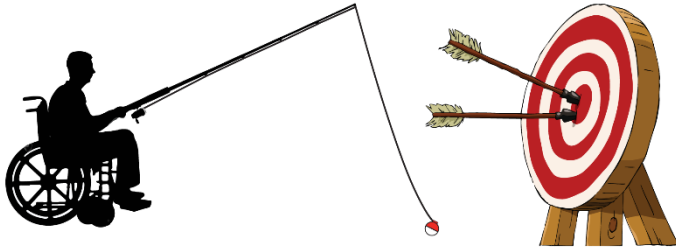


Day at the Range SCIL Outdoor Adventure Fair



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**

**Family / Guest / Caregiver 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 the family / guest / caregiver of a person with a disability that is attending this event

Please print clearly...

I need a sign language interpreter: _____ YES

Name: _____ Phone: _____

Address: _____ E-mail: _____

City, State, and Zip: _____

Emergency contact: _____ Relationship to you: _____

Emergency phone number: _____ Day or Night

Will your group be eating lunch with us? _____ 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).

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

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