

2017 Parents Night Out Application and Waiver of Release

Child's Name _____ Child's Age _____

Diagnosis _____ Is the child independent in toileting _____

Any Allergies? _____ If yes, please list _____

Any Diet Restrictions? _____ If yes, please list _____

Parent's Names (Please list ALL guardians) _____

Parents Phone # (Please list two contact #'s) _____

Parents Email _____

Please describe child's behaviors:

Please list any strategies/tips that would be helpful in calming your child down during escalated behaviors:

We will have physical activities during parent's night out such as bounce houses, games, dancing and more! Please list any physical restrictions your child may have:

Please list toys or activities your child would enjoy:

Please list any other information you would like us to know about your child:

Below are the available Parent Night Out Dates. Please check the TOP THREE dates you are most interested in. This does not guarantee your child/children's spot, however we will do our best to accommodate your selections. We will contact you in advance and let you know which dates your child/children can attend.

January 28th - **FULL** February 25th - **FULL** March 25th - **FULL** August 19th _____
September 30th _____ October 28th _____ November 18th _____ December 16th _____



FEAT of Southern Nevada photo/video Release:

We are constantly photographing/filming children to share with the public all the wonderful activities and events we do within the community. We may use these photos/videos in publications such as our website, local newspapers, newsletters, billboards and other publications which are not limited to those listed above. Please Initial and sign below:

____ I **give** permission to use my child's **photo** in any FEAT publication

____ I **do not** give permission to use my child's photo in any FEAT publication

Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

(Please note if you attend an event where filming or photos are being taken we cannot guarantee your child will not be photographed or filmed. To guarantee this we advise that you do not participate in the event)

FEAT of Southern Nevada Liability Release:

I acknowledge, understand and agree and do release FEAT (Families for Effective Autism Treatment) from liability and to indemnify and hold harmless FEAT, and any of its employees. This release is for any and all liability for personal injuries (including death) and property loss or damage occasioned by, or in connection with any activity or accommodations for this and all future events. The undersigned further agrees to abide by all the rules and regulations promulgated by the owner of the event and/or its affiliate groups and vendors throughout the event.

Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____



ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Name of Participant: _____

Date of Birth: ____/____/_____

Circle one: Male Female

Other Family Members Participating: _____

WE ARE AWARE THAT SPORT-SOCIAL'S ACTIVITIES ARE POTENTIALLY DANGEROUS AND HAZARDOUS ACTIVITIES AND THAT THE PARTICIPANT COULD BE SERIOUSLY INJURED OR EVEN KILLED BY PARTICIPATING IN THESE ACTIVITIES. THE PARTICIPANT IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH GUARDIAN'S PERMISSION AND KNOWLEDGE OF THE DANGER INVOLVED, AND, GUARDIAN, ON BEHALF OF PARTICIPANT, AGREES TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH, AND/OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. WE ARE FURTHER AWARE THAT CERTAIN RISKS ARE INHERENT IN THE PARTICIPATION IN SPORT-SOCIAL'S ACTIVITIES, INCLUDING, BUT NOT LIMITED TO, FRACTURED, BROKEN AND/OR SPRAINED WRISTS, ANKLES, FINGERS, ARMS AND LEGS.

I certify that I have read the above risks: _____ (Initials)

The undersigned Guardian does hereby release, forever discharge and agree to hold harmless Sport-Social, its officers, employees, volunteers and agents ("Releases"), from and against any and all liability, claims, demands, lawsuits, and expenses (including medical) that the Participant or myself, or any of our assignees, heirs, or representatives, now have or may have in the future, from any personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the Participant or I, arising out of or in any way connected, directly or indirectly to: (a) the Participant's participation in Sport-Social's activities, including, but not limited to, skateboarding, biking, skating or the use of a scooter; (b) the negligent, willful or intentional acts, however caused, by any Releasee; (c) the condition of the premises where Participant is engaging in the activities; or (d) the equipment used during such activities. The undersigned further acknowledges and understands that helmets are required at all times while participating in Sport-Social's activities and shall be furnished at the sole expense of the Participant and/or Guardian. Further, Sport-Social strongly recommends the use of additional safety equipment including, but not limited to, elbow pads, knee pads and wrist guards.

Furthermore, the undersigned gives permission to Sport-Social and its officers, directors, owners, employees, volunteers, and agents, to furnish any and all necessary transportation for the Participant. The undersigned Guardian certifies that he/she is the parent or legal guardian of the Participant, and shall be responsible for any and all actions of the Participant.

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Name of Guardian (Printed)

Signature of Guardian

Date