

FEAT Staff Initial _____

Approval Date _____



2024 Parents Night Out Application and Waiver of Release

(One application per child, siblings included)

RETURN APPLICATION TO: PNO@featsonv.org

Child's Name _____ Child's Age ____ Diagnosis _____

Is the child independent in toileting? _____ Wear pull-ups or diapers? _____

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 for 2024. This does not guarantee your child/children's spot; however, we will do our best to accommodate your selection. PLEASE CHOOSE ONE DATE. We will contact you in advance and let you know which date your child/children can attend. PNO dates are subject to change and or cancellation.

SUNDAY, Feb 18 _____ (no school on Monday) Saturday, April 25 _____ Saturday, May 25 _____

Saturday, June 15 _____ Saturday, September 28 _____

Notes:

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FEAT of Southern Nevada Photo/Video Release. This release is valid from January 1, 2024 – December 31, 2024

We are continuously photographing/filming children and attendees at FEAT events, 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/video 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. This release is valid from January 1, 2024 – December 31, 2024

I acknowledge, understand, agree and do release FEAT and its employees, agents, or representatives shall forever be held harmless of and from and indemnified for and against all loss, damages, costs and expenses, including reasonable attorney fees, costs, expenses, and all other sums which it may hereafter incur, pay, be required or become obligated to pay on account of any and every demand, claim, or suit by or on behalf of any person, firm, or business entity for any loss of or damage to any property or property right, injuries to or the death of any person as provided in this release, or for any contest or attempt to modify, change, reform, break, set aside, nullify, cancel or negate this release or any part or provision of this release for any reason whatsoever

“The undersigned acknowledges and agrees that FEAT, including but not limited to any of its employees, agents, and/or representatives, has been made aware of all special conditions and/or circumstances surrounding his/her child’s participation in any FEAT sponsored event and that FEAT has taken those precautions and/or accommodations reasonably necessary to address said special conditions and/or circumstances to the best of FEAT’S ability. A child’s special condition and/or circumstances do not, in any way, mitigate the undersigned’s duty to indemnify and hold harmless FEAT.”

Date: _____ Parent/Guardian: _____

Parent/Guardian Signature: _____

Notes:



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Consent for Medical and/or Emergency Treatment*

I, _____, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care of my _____
(Relationship) (Hereafter "dependent") – Full Name

I further give my consent to **FEAT of Southern Nevada Board of Directors, Employees and or Volunteers** who will be caring for my dependent **during FEAT Parent Night Out** events from the period of **January 1st, 2024 through December 31st, 2024, (Caregiver)** to arrange for routine or emergency medical and/or dental care and treatment necessary to preserve the health of my dependent. If my dependent is injured or ill while under the care of the **Caregiver**, I hereby give permission to the **Caregiver** to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the **Caregiver** attempt to contact me. However, if medical care becomes essential, I give permission to the **Caregiver** to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital, or their authorized designee. In furtherance of any treatment decisions to be made by the **Caregiver** on my behalf for the benefit of my dependent, I authorize the **Caregiver** to request, obtain, review, and inspect any and all information bearing upon my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

Date: _____ Name of parent and or Guardian _____

Signature of parent and or guardian: _____

Emergency Contact: _____

Emergency Contact Relationship: _____

Emergency Contact Phone #: _____

Emergency Contact Address: _____

Name of Insurance: _____

Group # _____ ID # _____

Notes: _____

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Sport Social

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 risk: _____(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 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 all actions of the Participant. The undersigned Guardian certifies that he/she is the parent or legal guardian of the Participant and shall be responsible for all actions of the Participant.

Date _____

Name of Guardian (Printed) _____

Signature of Guardian _____

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COVID-19 WAIVER/RELEASE

I _____, on behalf of my child _____, acknowledge that the COVID-19 virus and or other variants is highly contagious and my child's participation in the Parents' Night Out (PNO) may expose him/her to contagious viruses, including, but not limited to, COVID-19. I acknowledge that Families for Effective Autism Treatment (FEAT) and Sports Social have taken reasonable and necessary precautions to prevent the transmission of any viruses, including COVID-19, that include, amongst others, the wearing of face masks, hand sanitizer stations and social distancing where and when possible.

I hereby waive and release (a) FEAT and Sport Social, their officers, employees, agents, volunteers, and/ or any other person acting on their behalf from any and all liability, including negligence, for any and all illness and/or injury, including death, that may occur in connection with my child's participation in PNO; and (b) agree not to initiate any legal proceedings against FEAT and/or Sport Social, their officers, employees, agents, volunteers, and/or any person acting on their behalf with respect to any such claims or damages, which I am releasing. I am aware that various risks are involved in participating in PNO. Despite these and other risks, I want my child to participate in PNO and am willing to agree to personally bear such risks, assuming full responsibility for any harm or damage that may result.

I fully understand and agree that this waiver of liability and hold harmless provisions of this COVID-19 Waiver/Release and shall be binding upon myself, and my family, heirs, assigns, and/or personal representatives.

Date: _____

Name of Guardian Printed _____

Signature of Guardian _____