



Annual Participation & Waiver Form

Please complete all parts of this form and return via email to icampagno@udsakron.org or mail to UDS 701 S. Main St, Akron OH 44311. If you need to update your information at any time please contact UDS at 330-762-9755 x 233.

Please note that your signature indicates that you have read and agreed to all policies and terms. A completed form must be on file at UDS to participate in UDS All-Star Training Club programs. Form must be completed annually.

Participant's Name : _____		Gender: ___ Male ___ Female	
Date of Birth: _____	Age: _____	Email: _____	
Mailing Address: _____		City: _____	Zip: _____
Primary Phone Number: _____		Alternate Phone Number: _____	
Special Accommodations (if applicable): _____			
Seizures: ___ No ___ Yes If yes, Type and Frequency: _____			
Participant's Living Situation ___ Family ___ Independent ___ Group Home ___ Other: _____			

Permission to Secure Treatment: In the event of an accident, injury or illness, I do hereby give my consent to UDS to arrange transportation by ambulance to the nearest hospital for treatment, or to contact an emergency medical team for treatment on-site. I agree to assume responsibility for payment of any and all transportation and treatment deemed necessary. I understand all reasonable attempts will be made to contact one of the emergency contacts below:

1. _____
 (Emergency Contact Name) (Relationship) (Cell Phone #)

2. _____
 (Emergency Contact Name) (Relationship) (Cell Phone #)

Preferred Hospital: _____	
Preferred Doctor: _____	Phone Number: _____
Preferred Dentist: _____	Phone Number: _____
Allergies: _____	Medications: _____
Health Related Concerns: _____	

<i>For office use:</i>			
Date Received _____	Received By: _____	Form Expires _____	Updated _____
Photo Release No ___ Yes ___		SSA/Waiver _____	
___ Bowling ___ Basketball ___ Track & Field ___ Soccer ___ Gymnastics ___ Bocce ___ Golf ___ Summer Bowling ___ Coach Pitch Kickball ___ Team Bowling ___ Flag Football			

Waiver of Liability

I recognize and acknowledge that there are certain risks of physical injury to participants in a program, and I agree to assume the full risk of any injuries, damages or loss, regardless of severity, which may be sustained as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims as a result of participating in the program against United Disability Services, Inc., (UDS) its officers, agents, employees and volunteers. I do hereby fully release and discharge UDS and its officers, agents, employees and volunteers from any and all claims from injuries, damage or loss arising out of, connected with, or in any way associated with the activities of the program. I further agree to indemnify and hold harmless and defend UDS and its officers, agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained arising out of, connected with, or in any way associated with the activities of the program.

I have read and fully understand the Program Details, Policies, Permission to Secure Treatment and Waiver of Liability contained herein. I understand that I am releasing UDS from all liability. I affirm that all information provided is accurate to the best of my knowledge. I sign this of my own free will.

Participant Name _____ Signature _____ Date _____

Parent/Guardian Name _____ Signature _____ Date _____
(if applicable)

Publicity Release Form

Highlighting achievement is an important way of sharing the successes of our consumers. United Disability Services (UDS) often has the opportunity to photograph and/or videotape people in a variety of work or recreation activities. The Aspire! newsletter, program videos, annual report, agency brochures, public displays at local events, the agency's website and social media are a few examples of how images may be used. Please sign the publicity release below if you or your dependent would like to be included in our efforts to share with the community how people with disabilities are enjoying a high quality of life. Please forward all questions to Lisa Armstrong, Director of Communications at 330-762-9755.

Photograph, video and media release for _____ who is subject of the release.

I hereby give United Disability Services (UDS) permission to use the above named person's photograph, video or recording for publicity purposes. In addition, I grant permission for UDS to use this information without compensation in any electronic and/or print medium for local or state distribution and/or promotion. I understand that UDS will not receive any compensation/payment from a third party for the use of my image/picture or recording.

I understand that this authorization is voluntary and I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain services or affect my eligibility for benefits.

I understand that I may revoke this authorization at any time by notifying UDS in writing to the attention of United Disability Services, c/o Community Relations, 701 South Main St., Akron, Ohio 44311. However, any photos or video footage taken prior to revocation may remain as public information such as a published newsletter or annual report. I understand that this consent form **expires at the end of one (1) year from the date signed.**

Signature of Person Photographed/Filmed/Recorded _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____ Phone _____
(if applicable)