



PARTICIPATION AND RELEASE FORM
(FORM MUST BE COMPLETED AND SIGNED BY ALL PARTIES
PRIOR TO PARTICIPATING IN GREAT VIBE EVENTS ORGANIZED
FUNCTIONS)

Participant's General Information:

First/Last Name: _____ Female _____ Male _____ Other _____

Date of Birth(mm/dd/yyyy): _____ Cell #: _____

E-mail: _____

Address: _____

Participant's Health History – (check all that apply)

Autism _____ Down Syndrome _____ Fragile X Syndrome _____ Cerebral Palsy _____

Other, please specify: _____ Epilepsy

and/or Seizure History: Yes _____ No _____ Date of last seizure: _____

Date of last Tetanus vaccine: _____

Does the participant require 1:1 attendant ratio? YES _____ NO _____

Does the participant understand and follow directions? YES _____ NO _____

Participant's Allergies & Dietary Restrictions

_____ No Known Allergies _____ Latex _____ Medications:

_____ Insect Bites or Stings(please describe) _____

Food Allergies: _____

List any special dietary needs:

Does the participant have the capacity to consent to medical treatment on his or her behalf?

YES _____ - NO _____

Interest and Hobbies:

Please list all activities the participant enjoys: _____

Please list any special skills the participant has: _____



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Parent/Guardian General Information:

First & Last Name _____

Relationship _____

Cell # _____ Email _____

Address: _____

Emergency contact: _____ Relationship _____

Cell # _____ Email _____

Participant and Guardian Release:

I agree to the following:

- 1. Ability to Participate. I am physically able to take part in Great Vibe Events activities.**
- 2. Likeness Release. I give permission to Great Vibe Events to use my likeness, photo, video, name, voice, words, and biographical information to promote Great Vibe Events and raise funds for Great Vibe Events mission.**
- 3. Risk of Injury. I know there is a risk of injury and I understand the risk of continuing to participate in active physical activities.**
- 4. Emergency Care. If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Great Vibe Events to seek medical care on my behalf.**
- 5. Personal Information: I understand that Great Vibe Events will be collecting my personal information as part of my participation including my name, image, address, telephone number. I agree and consent to Great Vibe Events using my contact information for communicating with me about Great Vibe Events**

In consideration of being allowed to participate in any way in Great Vibe Events, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,**
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,**
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,**



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4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Great Vibe Events, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant Signature _____

Date Signed: _____

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____