



PARTICIPANT REGISTRATION FORM

Name _____ Age _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

My emergency Contact is: _____ Phone _____

My Caregiver is: _____ Phone _____

My caregiver will be present during these activities/programs: Yes _____ No _____

I require the following reasonable modifications/measures to participate in Expand-Able Horizons' activities/programs. Include any medical or mobility conditions:

PLEASE READ, AGREE, AND SIGN

1. I the undersigned agree to abide by the **Code of Conduct** of Expand-Able Horizons.
2. I the undersigned agree to hold Expand-Able Horizons/Gardnerville, Nevada, and the Directors of these programs and activities, harmless from all suits, claims, or demands of every kind and character arising out of and in connection with this program. In case of accident or illness, the fore mentioned Expand-Able Horizons has my permission to secure medical attention as deemed necessary if unable to communicate with me directly.

Parent/Guardian or Individual PRINTED Name _____

Parent/Guardian or Individual SIGNATURE _____ Date _____

I hereby grant permission to Expand-Able Horizons to utilize my artwork, and/or my appearance, name, voice and likeness to help promote Expand-Able Horizons in any and all manner and media.

Parent/Guardian or Individual SIGNATURE _____ Date _____