



Beyond Blindness
Participant Registration Form
Social Society

Student Information			
Child's Name:			
Date of Birth:		Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Mailing Address:		Apt #	
City:		State:	
		Zipcode:	
Primary Language at home:			
Parent/Guardian Information			
Parent Name:		Relationship:	
Phone Number:		Email:	
Emergency Contact Information			
Name:		Relationship:	Cell:
Name:		Relationship:	Cell:
Name:		Relationship:	Cell:
Student School Information			
School Name:		Grade:	
School District:		Teacher:	
Student Medical Information			
Does your child have a vision or medical diagnosis?			
Y <input type="checkbox"/> N <input type="checkbox"/> ; if yes, please explain:			
Does your child have any health problems?			
Y <input type="checkbox"/> N <input type="checkbox"/> ; if yes, please explain:			
My child is currently taking medication(s)			
Y <input type="checkbox"/> N <input type="checkbox"/> ; if yes, please list medications:			
Does your child have any known allergies?			
Y <input type="checkbox"/> N <input type="checkbox"/> ; if yes, please list allergies and known reactions:			
Is there any additional health/medical information you would like to share?			
Is there any specific skills or goals you would like for us to work on? What do you hope to achieve through participation in this program?			

Signature of Parent/Legal Guardian

Date



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Consent for Use of Video Tape, Digital Images and Photographs

CHILD'S NAME (PLEASE PRINT): _____

Beyond Blindness routinely uses media, including but not limited to video, digital images, and photographs ("Media"), and develops publications to inform and invite the public to become involved in Beyond Blindness through monetary means, volunteerism, professional service, in-kind donations, and to obtain grants to aid in the continued Beyond Blindness service to those in need of our expertise. Such Media of our enrolled children and stories of their accomplishments play a key role in these activities. Therefore, we ask that you sign the following license and release.

For valuable consideration received, I irrevocably grant to Beyond Blindness the right to distribute, transmit, publish, copy, or otherwise exploit, either in whole or in part, either digitally or in any other medium now known or later discovered, any Media. I understand and agree that the Media may be used and exploited without identifying me and/or my children as their subject. I release and discharge Beyond Blindness and its agents, representatives, affiliates, and assignees from any claim or cause of action, now known or later discovered, arising out of or related to the use and/or exploitation of my child's Media. This release includes, but is not limited to invasion of privacy, right of publicity, use/misappropriation of likeness, copyright, defamation, and/or any related cause of action or claim.

I represent to you that I, as parent/legal guardian and the age of eighteen years old or over, am legally authorized to sign this Consent for release for use of Media for the above-named child.

Please select one of the following:

- I have read, understand, and hereby give my CONSENT to Beyond Blindness for the use of the Media of my child for educational, publicity, fundraising, or any related purpose. I further waive any and all claims for any damage, compensation, and/or any other redress arising out of or related to Beyond Blindness's use of Media of my child.

OR

- I have read, understand, and hereby DO NOT give my CONSENT to Beyond Blindness for the use of the media of my child for educational, publicity, fundraising, or any related purpose.

Signature of Parent/Legal Guardian

Date



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HOLD HARMLESS AGREEMENT

CONSIDERATIONS:

The undersigned, being the parent or guardian of _____, desires that he or she participate in programs offered by Beyond Blindness, a not for profit, 501c3 company, organized and existing under the laws of the State of California and acknowledges that there are dangers and risks of personal injury, death or property loss or damage inherent in these activities. Knowing and acknowledging this, the undersigned hereby, on behalf of [his/her] child, freely assumes any and all risks of bodily injury, death, or property loss or damage associated with Beyond Blindness programs.

ACKNOWLEDGEMENT OF HAZARDS: Representation Concerning Health:

Parent/Legal Guardian acknowledges that the Child's visual impairment and any other impairment condition may result in the Child being susceptible to greater risk of physical injury, which may occur while participating in Beyond Blindness programs and/or receiving treatment at Beyond Blindness. The risks that may be encountered include, the risk of "Losses" as defined above, accidents, equipment failures, natural conditions, the actions of other children, sickness and acts or omissions of other individuals, or services. The Parent/ Legal Guardian also acknowledge that medical attention or care for personal injuries, sickness, or accidents involving the Child may not be immediately available. With full knowledge of the stated risks, Parent/Legal Guardian represents and warrants to the Beyond Blindness that the Child is in good physical health and that except for his/her visual and/or other impairments that may exist, does not have any physical condition which will interfere with his/her ability to participate in the Beyond Blindness programs, or endanger his/her health in connection with such programs.

ASSUMPTION OF RISK; RELEASE; COVENANT NOT TO SUE:

The undersigned, in consideration of the opportunity for his or her child to participate in Beyond Blindness programs, and for other good and valuable consideration, does hereby FOREVER RELEASE AND DISCHARGE Beyond Blindness, its members, directors, employees and agents, and any and all owners of property on which these programs are held, and does hereby indemnify and hold each of them harmless, from and against any and all claims, actions, causes of action, liability, damages, expenses and/or personal injuries and/or property damage and/or death arising out of or resulting from any sailing lessons, classes, races, and other events and programs offered by Beyond Blindness.

In the event the undersigned cannot be contacted through reasonable efforts, the undersigned does hereby empower and grant to Beyond Blindness or [his/her] representative permission to consent to and authorize medical and hospital care and treatment for the above child. This authorization shall be valid from the date hereof through December 31, 2021. The undersigned does hereby indemnify and hold harmless the physicians, hospital and any other provision who act in reliance upon this authorization.

SUCCESSORS AND ASSIGNS; SEVERABILITY; MODIFICATION:

The releases and covenants given herein shall be binding upon the Parent/Legal Guardian and Child, and the Child's estate, heirs, executors, successors, assigns, and personal representatives. If any of the provisions or any portion thereof of this HOLD HARMLESS AGREEMENT shall be held invalid or inoperative, the remaining provisions, or portions thereof, shall nevertheless be given full effect. This Hold Harmless Agreement cannot be modified or terminated orally by the Parent/Legal Guardian of the Child.

I have read and understand fully, all elements of this HOLD HARMLESS AGREEMENT. I further understand fully that this HOLD HARMLESS AGREEMENT is legally binding in all terms presented herein. As Parent/Legal Guardian of the named child and on behalf of the Child, wish to voluntarily participate in Beyond Blindness Programs. I represent to you that I am legally authorized to sign this AGREEMENT for the herein named child.

Signature of Parent/Legal Guardian

Date