Beyond Blindness

Participant Registration Form

Social Society | 2025-2026

Student Information					
Child's Name:					
Date of Birth:				Gender:	M ☐ F ☐
Mailing Address:				Apt #	
City:		State:		Zipcode:	
Primary Language at home:					

Parent/Guardian Information			
Parent Name:		Relationship to Child:	
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 ☐ N ☐ if yes, please explain:

Does your child have any health problems?

Y ☐ N ☐ if yes, please explain:

My child is currently taking medication(s)

Y ☐ N ☐ if yes, please list medications:

Does your child have any known allergies?

Y ☐ N ☐ 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

please email completed registration forms to jacob.garcia@beyondblindness.org or drop off at Beyond Blindness front office

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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

beyond blindness
Building Bright Futures for Children

Hold Harmless Agreement

Child's Name: _____

CONSIDERATIONS:

I, the undersigned parent or legal guardian of the above-named participant, understand that I am registering my child to participate in programs provided by Beyond Blindness, a nonprofit 501(c)(3) organization. I acknowledge that participation in these programs may involve risks of personal injury, property damage, or even death, despite reasonable precautions. I understand and freely assume all risks associated with my child's participation in Beyond Blindness programs, both on-site and during any related community outings or field trips.

ACKNOWLEDGEMENT OF HAZARDS & HEALTH STATUS:

I understand that my child's visual impairment and any other medical or developmental needs may increase the risk of physical injury while participating in activities. These risks may include, but are not limited to: equipment failure, accidents, environmental hazards, the actions of other participants, or delays in access to emergency medical care. I confirm that, aside from their identified disabilities or medical conditions, my child is in good physical health and is able to participate in Beyond Blindness programs without posing a health risk to themselves or others.

ASSUMPTION OF RISK; RELEASE; COVENANT NOT TO SUE:

In consideration of the opportunity for my child to participate, I agree to release, indemnify, and hold harmless Beyond Blindness, its directors, officers, employees, agents, volunteers, and any property owners of program sites from any and all claims or liabilities, including those arising from negligence, that may result in injury, illness, death, or property damage connected to my child's participation in Beyond Blindness programs.

MEDICAL AUTHORIZATION:

In the event I cannot be reached in an emergency, I authorize Beyond Blindness staff or representatives to obtain emergency medical treatment for my child. I agree to be responsible for any costs incurred in connection with such care. This authorization shall remain in effect for the duration of my child's participation in the program unless revoked in writing.

BINDING AGREEMENT & SEVRABILITY:

This agreement shall be binding on my child, myself, and our respective heirs, executors, administrators, and assigns. If any part of this agreement is found to be unenforceable, the remaining provisions shall remain in full force and effect.

I acknowledge that I have read and fully understand this Hold Harmless Agreement and Medical Authorization. I voluntarily agree to its terms and confirm that I am legally authorized to sign on behalf of the child named above.

Signature of Parent/Legal Guardian Date