

**2012 Roll Out**  
**An Adapted Sports Event**  
**Saturday, September 22, 2012**  
**University of Louisville-Crawford Gymnasium**  
**Participant Registration Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

**MEDICAL/HEALTH RELATED INFORMATION**

- |   |   |
|---|---|
| <input type="checkbox"/> Arthritis                                  | <input type="checkbox"/> Visual Impairments     |
| <input type="checkbox"/> Spinal Cord Injury (level of injury _____) | <input type="checkbox"/> Hearing Impairments    |
| <input type="checkbox"/> Spina Bifida,                              | <input type="checkbox"/> Multiple Sclerosis     |
| <input type="checkbox"/> Cerebral Palsy                             | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Seizures                                   | _____   |
| <input type="checkbox"/> Stroke                                     |   |

**Liability Waiver**

I agree to forever refrain from asserting against the University of Louisville, Crawford Gymnasium, Frazier Rehab Institute, Louisville/Jefferson County Metro Government, Jefferson County Metro Parks Department, Spina Bifida Association of Kentucky, Cerebral Palsy KIDS Center, L G & E/ KU and their agents, employees, staff and volunteers, thereof any claim, demand, action suit, of whatever kind of nature, either directly or indirectly, for injuries or damages to persons or property resulting from participation in the **2012 Adapted Sports Roll Out Event**.

I understand and agree that this waiver may be used by University of Louisville, Crawford Gymnasium, Frazier Rehab Institute, Louisville/Jefferson County Metro Government, Jefferson County Metro Parks Department, Spina Bifida Association of Kentucky, Cerebral Palsy KIDS Center, L G & E/ KU their agents, employees, staff and volunteers as a counterclaim to or defense in bar or abatement of any action of any kind whatsoever, brought, instituted or taken by or on my behalf on account of claim or claims against University of Louisville, Crawford Gymnasium, Frazier Rehab Institute, Louisville/Jefferson County Metro Government, Jefferson County Metro Parks Department, Spina Bifida Association of Kentucky, Cerebral Palsy KIDS Center, L G & E/ KU and their agents, employees, staff and volunteers thereof. I expressly stipulate and agree to indemnify and hold harmless the University of Louisville, Crawford Gymnasium, Frazier Rehab Institute, Louisville/Jefferson County Metro Government, Jefferson County Metro Parks Department, Spina Bifida Association of Kentucky, Cerebral Palsy KIDS Center, L G & E/ KU and their agents, employees, staff and volunteers against any loss, on account of any action brought against them by me or any person acting on my behalf, or any third parties for the purpose of enforcing any claim for damages arising out of my participation in the **2012 Adapted Sports Roll Out Event**, or for any damages or injuries that may result from my use of any equipment brought to or used by me at the **2012 Adapted Sports Roll Out Event**, or activities related to the **2012 Adapted Sports Roll Out Event**.

As a Participant or as a parent/guardian of the participant in this program, I am aware that strenuous activities could be involved in my participation in the **2012 Adapted Sports Roll Out Event** and I have determined that my health is adequate to participate safely in the **2012 Adapted Sports Roll Out Event**. I understand and agree that any injuries sustained by me will not be covered by the University of Louisville, Crawford Gymnasium, Frazier Rehab Institute, Louisville/Jefferson County Metro Government, Jefferson County Metro Parks Department, Spina Bifida Association of Kentucky, Cerebral Palsy KIDS Center, L G & E/ KU their agents, employees, staff and volunteers and that adequate medical insurance to cover such injuries must be acquired and maintained by me.

I have read, understood and consent to the terms of my participation in the **2012 Adapted Sports Roll Out Event**. **Before registration in this program is valid, the Participant or the participant's parent or legal guardian must sign this release form.**

Signature of Participant/Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release**

I, the undersigned, hereby authorize the **2012 Adapted Sports Roll Out Event** to utilize photographs, videotapes, voice recordings, etc, of the participant to be used exclusively for promotion, advertising, and marketing of the **2012 Adapted Sports Roll Out Event**.

Signature of Participant/Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_