



INTAKE FORM

PARTICIPANT INFORMATION:

Name _____ Phone Number _____
Email _____
Address _____ City _____ State _____ Zip _____
County _____ Age _____ Male _____ Female _____
Ethnicity (ex: Caucasian, Hispanic, Native American, etc.): _____
Veteran: ☐ Yes ☐ No Branch and Rank: _____
Have you previously participated in Annie's House Adaptive Recreation Program? ☐ Yes ☐ No

EMERGENCY INFORMATION:

Emergency Contact Person: _____ Phone: _____

MEDICAL INFORMATION:

Participant's Primary Disability _____ Date of Onset _____
Mobility needs (i.e. power/manual wheelchair, crutches, cane, AFO): _____
Do you fatigue easily with long distances or unpaved terrain? ☐ Yes ☐ No
History of seizures: ☐ Yes ☐ No Type of seizures: _____
Date of last seizure: _____ Controlled by medication? ☐ Yes ☐ No
Are you currently taking any medications? ☐ Yes ☐ No *Annie's House does not administer medication
Medications: _____
Do you have a hearing impairment? ☐ Yes ☐ No
Anything else we should know (hearing aids, cochlear implant, etc.) _____
Do you have a visual impairment? ☐ Yes ☐ No
Cause of the visual impairment (cataracts, trauma, etc.): _____
Please describe communication style (verbal, yes/no, pictures, etc.): _____
Food or Drug Allergies? ☐ Yes ☐ No ☐ Latex allergy ☐ I have an epi-pen
Allergies and reaction: _____
Do you have any specific conditions we should be aware of? ☐ Yes ☐ No
(Diabetes, heart trouble, spinal stabilization, shunts, asthma, catheter, etc.)
If yes, please list: _____

May Annie's House use the participant's image (video and/or photography)? ☐ Yes ☐ No

I give permission to share this information with the Annie's House volunteers.

Parent/Guardian Signature _____ **Date** _____



ANNIE'S HOUSE/ANNE CARLSEN

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY
AGREEMENT

Participant: _____

In consideration for and as a condition of my above-named child's/ward's participation in activities, events, programs, and travel ("activities") sponsored by Annie's House and Anne Carlsen Center ("Anne Carlsen") for which I am registering and, on behalf of myself and my child, I agree as follows:

Assumption of the Risk

I understand that participation in activities administered by Annie's House and Anne Carlsen may be potentially dangerous and that my child/ward may be injured as a result of participating in these activities. As such, I, on behalf of my child/ward, do hereby assume all risks associate with these activities including death, injury or illness from accidents of any nature whatsoever and theft or loss of personal property during the camp.

Release, Waiver of Liability, and Indemnification

I, on behalf of my child/ward, myself, and our heirs, personal representatives, successors, assigns, insurers, and other third parties, hereby release, waive, forever discharge, covenant not to sue and agree to indemnify, hold harmless, and defend Annie's House and Anne Carlsen, its governing board, officers, agents, employees, and volunteers from and against any claims, losses, damages, and expenses, including but not limited to, medical bills, court costs, attorneys fees, and property damage or injuries, including death, to my child/ward because of their participation in any Annie's House and Anne Carlsen sponsored activities, events, or programs, whether caused by the negligence of Annie's House and Anne Carlsen to the maximum extent permitted by law.

I acknowledge that, by signing this document, I am giving up substantial legal rights and understand that this intake and release form is a contract with legal and binding consequences and that it applies to all activities sponsored by Annie's House and Anne Carlsen in which my child/ward engages in, regardless of whether such activity is a part of a formal program.

Release for Personal Property

I acknowledge and agree that Annie's House and Anne Carlsen, and its agents, employees, representatives, volunteers and assigns shall not be liable for any loss or theft of personal property and I release Annie's House and Anne Carlsen, and the aforementioned from any liability for loss or theft of any personal property.

Consent for Medical Treatment



I hereby give my consent to have my child/ward treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in activities sponsored by Annie's House and Anne Carlsen. I understand that no insurance coverage for participants in these activities is provided by Annie's House and Anne Carlsen and that the cost of medical care will be at my expense.

I agree to indemnify and hold harmless Annie's House and Anne Carlsen for any costs incurred to treat my child/ward and I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, Anne Carlsen from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by my child/ward while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of Annie's House and Anne Carlsen.

Consent to Disclose Protected Health Information

I understand that disclosure of my child's/Ward's protected health Information, as defended by the Health Insurance Portability and accountability Act (HIPAA), to third parties may be required in order for my child/ward to successfully participate in registered activities and I agree to permit Annie's House and Anne Carlsen to disclose my child's/ward's PHI and medical information on the intake forms to instructors, ski patrol, and other Winter Park staff to make sure they are knowledgeable about medications, side effects, disabilities, etc.

I understand that I have the right to revoke this consent to disclose protected health information of my child/ward at any time.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS ENTIRE DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT IT AFFECTS YOUR LEGAL RIGHTS, AND AGREE TO BE BOUND BY ITS TERMS.

Signature: _____

Date: _____

Printed Name: _____