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Upper Valley Connection 2020 Participation Form

Name of Participant: _____

Home Address: _____

City: _____ Zip: _____

Birth Date: _____ Age: _____ T-Shirt Size: _____

Parent(s)/Guardian(s) Name(s): _____

Home Phone: _____ Cell Phone: _____

Guardian email: _____

Medical Insurance Identification Number: _____ Doctor: _____

Name of Medical Insurance: _____ Phone: _____

Physical conditions, restrictions, and allergies of participant: _____

The participant and/or parent or legal guardian of the above individual is signing up to participate in Upper Valley Connection (“UVC”) activities for the year of 2020. Participation is encouraged, and we look forward to a great year. Due to the overall mission and goals of UVC, participation in UVC activities is subject to UVC rules and program objectives.

The participant and/or parent/guardian recognizes that participation in UVC activities and programs involves risk of physical injury including injury caused by the negligence of himself or herself, other participants, or by volunteers, coaches, or employees of UVC. As a condition of participating in UVC activities, the participant hereby agrees to assume this risk of injury while participating in UVC activities and programs, and consents to be photographed or videotaped for educational and publicity purposes.

In consideration for participation, the participant and/or parent or legal guardian hereby releases and waives any claim, cause or action which may accrue against UVC, or any employee, volunteer, or agent thereof, arising from negligence of himself or others related to his/her participation in UVC activities. If an accident occurs during any UVC activity, I give permission to UVC employees and volunteers to seek initial medical treatment for me/my participant.

Signature of Participant (if over 18 and no legal guardian)

Date

Signature of Parent/Guardian

Date