



REGISTRATION FORM

PARTICIPANT Information

Participant Name _____ Birthday ____/____/____ Age _____
MM DD YYYY

Phone (____) _____ Email _____ Gender _____

Address _____ City, State, Zip Code _____

* Languages Spoken: English Spanish

* Primary Language Spoken in Home: English Spanish

* Which best describes you? If you are multiracial, you may select two or more.

- White
- Black or African American
- Hispanic/Latin
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

* Allergies? (circle) Y N

If yes, describe: _____

* Mental Health Diagnosis (circle) Y N

If yes, describe: _____

* Pick Up From Stepping Stones Information (walk, bus, etc): _____

* IEP Diagnosis (circle) Y N

If yes, describe: _____

* Current School: _____

* Free/Reduced Lunch? (circle) Y N

PARENT/GUARDIAN Information #1

Name of parent/guardian _____

Phone (____) _____

Email _____

Call or Text Preference: Call Text

Address _____

City, State, Zip Code _____

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PARENT/GUARDIAN Information #2

Name of parent/guardian #1 _____

Phone (_____) _____

Email _____

Call or Text Preference: Call Text

Address _____

City, State, Zip Code _____

Emergency Contact #1

Name _____

Relation to Participant _____

Phone (_____) _____

Email _____

Address _____

City, State, Zip Code _____

Emergency Contact #2

Name _____

Relation to Participant _____

Phone (_____) _____

Email _____

Address _____

City, State, Zip Code _____



Stepping Stones of the Roaring Fork Valley, Inc.

Name of YOUTH PARTICIPANT: _____

Name of PARENT / LEGAL GUARDIAN of Participant: _____

WAIVER AND RELEASE AGREEMENT

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING.

In consideration of my child (named above) participating in an activity organized by Stepping Stones of the Roaring Fork Valley, Inc., ("Stepping Stones"), including, but not limited to cycling, biking, hiking, rollerblading, rafting, kayaking, ballsports, rock climbing, ice climbing or other similar sports, programs or activities which may or may not include transportation to and from such activity, hereinafter, "activity," I agree to the following waiver and release:

1. I am aware and acknowledge that the above activities may have inherent dangers and risks for the participant that cannot be eliminated. My child is voluntarily participating in this recreational activity with my full knowledge of these dangers and risks involved and hereby agree to accept any and all risks of injury or death to person or property.
2. My child agrees to abide by all Stepping Stones rules and regulations as well as all activity rules and regulations. I understand and agree that the supervisors, volunteers, employees and staff of Stepping Stones are not responsible for the actions of my child, or for any injury that my occur to my child, or for protecting my child from injury. In the event that my child violates such rules and regulations, I acknowledge and agree that his/her participation in the activity may be terminated at the sole discretion of the Stepping Stones staff person, guide, or volunteer leading the activity, that my child may be sent home by public transportation at my expense, and that I will accept a collect telephone call notifying me of the same.
3. I, for myself, my heirs, successors, assigns, executors and suborders, hereby knowingly and intentionally waive and release, indemnify, hold harmless and agree to forever defend Stepping Stones, its owners, directors, officers, agents, representatives, employees, activity organizers, volunteers, supporters and sponsors free from and against any and all claims, actions, causes of action, suits, liabilities, damages, expenses, costs, including, without limitation, attorney's fees, and negligence of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damages, loss, injury or death to me, my child, or my property as a result of my child participating in any activity conducted by Stepping Stones, whether such damages, injury, loss or death results from the negligence of the above listed entities or persons, or from other cause.
4. I hereby agree not to sue any of the entities or persons herein listed as a result of any damage, loss, injury or death to me, my child, or my property, suffered in connection with a Stepping Stones activity.
5. I represent that the terms and conditions outlined herein are contractually binding and are not mere recitals. I further understand that his agreement shall apply to all activities conducted by Stepping Stones.
6. This agreement may not be amended or modified except in writing and signed by Stepping Stones.

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7. I hereby warrant and represent that child is in good health and there are no special instructions which have not been listed on the registration form. I agree to maintain valid and sufficient medical and accident insurance for my child throughout the time that he/she participates in any activities. I, the undersigned parent/guardian understand that this is my sole responsibility and I hereby release Stepping Stones from any claim and/or responsibility for providing such coverage.
8. In consideration of my child being permitted to participate in Stepping Stones' activities, and as undersigned parent or guardian of the aforementioned minor, for myself and on behalf of said minor, I hereby join in this Waiver and Release Agreement and hereby stipulate and agree to hold harmless, indemnify and forever defend Stepping Stones, its owners, directors, officers, agents, representatives, employees, activity organizers, volunteers, supporters and sponsors from and against any and all claims, actions, causes of action, suits, liabilities, damages, expenses, costs, including, without limitation, attorney's fees, and negligence of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damages, loss, injury or death to the minor or the property as a result of said minor participating in any activity conducted by Stepping Stones, whether such damages, injury, loss or death results from the negligence of the above listed entities or persons, or from other cause.
9. I also understand, acknowledge and agree that should the aforementioned minor's participation in any activity result in damage, destruction or death to another person or top the property of another that I am responsible and also agree to hold harmless, indemnify and forever defend and all aforementioned parties and entities from and against any and all claims, actions, causes of action suits, liabilities, damages, expenses, costs, including, without limitation, attorney's fees, and negligence of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damages, loss, injury or death to another or another's property, as a result of said minor's participation in any activity conducted by Stepping Stones, whether such damages, injury, loss, paralysis or death results from the negligence of the above listed entities or persons, or from other cause.
10. Authorization for necessary medical treatment during absence of parent or legal guardian: I acknowledge that necessary medical care may be administered to the aforementioned minor child participant during my absence or in the event I cannot be reached immediately. Any designated physician is authorized to perform treatment.
11. Photography Consent/Model Release for minor children (under 18): I grant permission to Stepping Stones to take and use photographs, videotape and digital images of my child for use in promotional or educational materials. These materials might include printed or electronic publications, website or other electronic materials. These materials might include printed or electronic publications, website or other electronic communications. I authorize the use of these images indefinitely without compensation. All negatives, positives, prints, digital reproductions and videotape shall be the property of Stepping Stones.
12. I grant permission to Stepping Stones staff to speak with teachers, counselors, and any other school administrators at my child's school in order to obtain and exchange information as part of the services and activities provided by Stepping Stones.

By signing below, I certify that I have read and understand this entire document, and that I unconditionally agree to the terms and limitations outlined herein.

PARENT or LEGAL GUARDIAN Signature

 Date

PARTICIPANT Signature (If Over 18)

 Date