

Registration Information
Registration deadline:
June 1, 2019

After June 1, 2019 please call (307) 742-6641 to see if additional participants can be accommodated.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

If you are bringing a family member who has Down syndrome, please list their first name and age:

Please list the first name and age of any siblings and the name of any additional people in attendance.

Waiver: In consideration of me and/or my minor child(ren) being permitted to participate in the Down Syndrome Family Conference and/or related activities, I hereby – for myself, my heirs and personal representatives - assume any and all risks which might be associated with the conference and/or related activities. I understand that the conference may require good physical conditioning. MY CHILD(REN) AND I WILL PARTICIPATE IN THE DOWN SYNDROME FAMILY CONFERENCE AND/OR RELATED ACTIVITIES WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS OR DEATH. I, for myself, my heirs and personal representatives, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS Ark Regional Services (“Ark”), its agents, officers, employees, sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child(ren), and from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney’s fees) and NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me, my child(ren) or my property, as a result of my participation and/or my child(ren)’s participation in the conference and/or related activities.

I also authorize the use by Ark of any photo, film or videotape taken of me or my minor child(ren) for any purpose.

Signature: _____

Date: _____

If you have a child participating in sibling activities, please complete the other side of this form

Sibling Registration Information

Registration deadline:

June 1, 2019

After June 1, 2019 please call (307) 742-6641 to see if additional participants can be accommodated.

Name(s) and Age(s): _____

Please list any food allergies, dietary concerns, or health concerns: _____

In consideration of being permitted to participate in any way in the Wyoming Down Syndrome Association (WyDSA) Family Conference sibling activity, the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the activity, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be unsafe, I will immediately take all precautions and avoid the unsafe area and refuse to participate further.
2. I/We fully understand and acknowledge that:
 - a. There are risks and dangers associated with participation of athletic activities which would result in bodily injury, partial and/or total disability, paralysis and death.
 - b. The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - c. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of other, including, but not limited to WyDSA and Ark Regional Services.
 - d. There may be other risks that are not known to us or are not reasonably foreseeable at this time.
3. I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of WyDSA or Ark Regional Services.
4. I/We hereby acknowledge that the activities of the WyDSA Family Conference sibling activity may be very dangerous and involve the risk of serious injury and/or death and/or property damage. Each of the undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of WyDSA or Ark Regional Services.
5. Each of the undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of Wyoming and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite the release, the participant makes a claim against WyDSA or Ark Regional Services, the parent(s) and/or legal guardian(s) will reimburse WyDSA and Ark Regional Services for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY, INCLUDING ANY NEGLIGENCE OF WYDSA OR ARK REGIONAL SERVICES TO THE GREATEST EXTENT ALLOWED BY LAW.

Date: _____

Printed Name of Participant(s): _____

Parent or Guardian Signature: _____