



friendship  
adventures

# 2024/25 PARTICIPANT REGISTRATION

Forms are required on an biennial basis. Valed thru 12/31/25.

It is the responsibility of the participant, parent or legal guardian to keep this information current.

## Participant Information

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medical Alert/Allergies: \_\_\_\_\_

## Parent/Guardian Information:

Parent/guardian Name: \_\_\_\_\_

Parent/guardian Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Emergency Contact Information

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**T-Shirt Size:** \_\_\_\_\_ (men's sizing - Some of our activities include a t-shirt)

**Transportation:**

Please identify the type/types of transportation available to Friendship Adventures activities:

\_\_\_\_\_ Access Transportation      Access ID No. \_\_\_\_\_

\_\_\_\_\_ DART      DART ID No. \_\_\_\_\_

\_\_\_\_\_ Other Public Transportation

\_\_\_\_\_ Parent or Guardian

\_\_\_\_\_ Adult Family Home/Group Home

\_\_\_\_\_ Drives own vehicle

\_\_\_\_\_ Other: \_\_\_\_\_

**Identification:**

\*\* Please attach a photo copy of the participant's photo identification here:

**Medical Emergency**

I hereby give permission to the medical personnel selected by my assigned chaperone to order x-rays, routine tests and treatment for applicant as named above; and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the chaperone to hospitalize, secure proper treatment for and to order injection, and/or an anesthesia and/or surgery for applicant as named above during the dates specified above.

Physician/Clinic Name: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
(Parent/Legal Guardian)

Date: \_\_\_\_\_

**Dietary Restrictions:** (please note: it may be necessary for participants with specific dietary issues to provide their own food at activities)

---

---

**Current Medications:**

MEDICATION	DOSAGE	TIMES

Please list all current medications – use separate page if necessary

**Special Instructions :**

---

---

---

---

---

---

**Photographic Release**

I consent and authorize Friendship Adventures to take photos and/or video of the above named participant during activities. I understand that the resulting materials may be used for travel purposes/ identification, distributed to the participant, or for informational presentations about Friendship Adventures and on our website and brochures.

\_\_\_\_\_ Initial here if you DO NOT want participant’s picture taken at any time.

**\*\* Note: By initialing here the participant is not eligible to participate in the *Friendship Follies performances as this production is filmed*\*\***



## 2024/25 RELEASE of LIABILITY

The undersigned who is either (a) a competent adult \_\_\_\_\_; (b) the duly appointed court guardian for the participant hereinafter named \_\_\_\_\_; or (c) the parent and natural legal guardian of the participant who is under the age of 18 years \_\_\_\_\_ (*indicate which applies by initialing*), does hereby individually, or in their representative capacity, forever release and discharge Friendship Adventures, its officers, directors, and agents, from any and all claims, demands, and causes of action, for damages or otherwise, which the participant may have or may sustain by reason of the participant's participation in the recreational activities sponsored by Friendship Adventures identified below. The undersigned, on behalf of him /herself and on behalf of his/her child or ward, agrees to hold Friendship Adventures, its officers, employees and volunteers, harmless and free from all liability arising from any activity sponsored by Friendship Adventures.

Friendship Adventures is a nonprofit corporation organized for the purposes of providing recreational and educational activities to persons with developmental disabilities. These activities will necessarily entail risks of travel, including, but not limited to, traffic accidents and related injuries. Further, the activities will also include, to some degree or another, physical activities such as walking and climbing in both urban environments and in remote areas. These physical activities may result in injury or damage from falls or becoming lost. Other people with developmental disabilities will be participating in the activities, so there is also the risk that confrontations could occur between the participant and others engaged in the activity, which could result in injury. Further, the activity will also entail other additional risks of injury and damage that are reasonably associated with the particular activity identified below.

In consideration for Friendship Adventures providing the sponsored activities which the undersigned acknowledges is in the participant's best interest and would not otherwise be available but for Friendship Adventures sponsorship, the undersigned, with full knowledge of the risks and benefits associated with the activity and the legal effect of this agreement, executes this release of liability.

Further, the undersigned acknowledges that Friendship Adventures is sponsoring the activity in reliance upon the legal effect of this release and any fees paid by the undersigned for the activity is based upon the participant's share of the activity.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**Please complete and return form to:**

Friendship Adventures ~ 21218 W Lost Lake Road – Snohomish, WA 98296

Fax 360.668.3840 ~ E-mail: [info@friendshipadventures.org](mailto:info@friendshipadventures.org) ~ Phone: 425.444.3132