

PARTICIPANT REGISTRATION



Please check all you are registering for:

- ☐ Early Bird Registration – Land Meets Sea Sports Camp\$275
(If postmarked by July 3, 2015)
- ☐ Late Registration – Land Meets Sea Sports Camp\$300
(If postmarked after July 3, 2015)
- ☐ Day Camp Fee\$100 per day

Please indicate your total cost below.
Make check payable to
“Casa Colina Outdoor Adventures.”
TOTAL _____

Lunch is provided for registered participants and volunteers.

Attendants/family members are welcome to purchase lunch at \$5 per person/meal to be paid with registration fees.

- ☐ Yes, I would like to purchase _____ meals @ \$5/each, total of \$_____.

Note: Attendant/family meals will be available at camp for \$8. We encourage you to purchase in advance with your registration.

Please complete the section below and the activity registration form on the reverse side for participation in the Land Meets Sea Sports Camp.

Name _____ Your Disability _____

Mailing Address _____

City _____ State _____ Zip _____

Phone # _____ E-mail _____

☐ Male ☐ Female Age _____ Will you be bringing an attendant? ☐ Yes ☐ No If yes, how many? _____

ONE FREE T-Shirt – Size (circle one) XS S M L XL XXL XXXL

Please complete the following forms and return with your payment in full to the address below.

- | | |
|---|---|
| <input type="checkbox"/> Registration & Activity Sign-Up Form – Casa Colina | <input type="checkbox"/> Waiver – Casa Colina |
| <input type="checkbox"/> Program Application – Casa Colina | <input type="checkbox"/> Waiver – United States Sailing Center |
| <input type="checkbox"/> Program Application – United States Adaptive Recreation Center | <input type="checkbox"/> Waiver – United States Adaptive Recreation Center |
| | <input type="checkbox"/> Waiver – Lokahi Outrigger Canoe Club (If applicable) |

over ➤



PARTICIPANT ACTIVITY SCHEDULE



Please choose desired activities from the schedule below. Selected activities will be granted on a first-to-register basis. Please see enclosed Activity Description Sheet for specific details and prerequisites.

Circle the activity and session box in which you would like to participate.

Important: Please designate a second choice by circling another activity and writing "2" next to it.

Call if you would like assistance.

Session	Wednesday August 5	Thursday August 6	Friday August 7
8 am - noon	Water-Skiing Jet-Skiing	Water-Skiing Jet-Skiing	Water-Skiing Jet-Skiing
10 am - noon	Tennis Kayaking	Kayaking Hockey Sailing Harbor Cruising Outrigger Canoeing	Handcycling Basketball Sailing Harbor Cruising Outrigger Canoeing
1 pm - 5 pm	Water-Skiing Jet-Skiing	Water-Skiing Jet-Skiing	Water-Skiing Jet-Skiing
1:30 pm - 3:30 pm	Tennis Handcycling Sailing Harbor Cruising	Kayaking Handcycling Quad Rugby Sailing Harbor Cruising Outrigger Canoeing	Sailing Harbor Cruising



All forms must be postmarked by July 3, 2015 for Early Bird Registration.

Outdoor Adventures Program Application 2015



Please Check All That Apply:

- ☐ Participant
- ☐ Care Provider
- ☐ Family Member
- ☐ Friend

Name _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home # _____ E-mail _____

Work # _____ Work Extension _____

Fax # _____ Cell/Pager # _____

Have you ever received services at Casa Colina? _____ If Yes, Date: _____ Dept: _____

The Outdoor Adventures program exists to serve persons with disability. In order to best serve you, the program participants, please be as detailed as possible regarding your disability. Please answer all questions thoroughly including any special health care needs you may require.

Date Of Birth _____ Age _____ Height _____ Weight _____ ☐ Male ☐ Female

Your Disability _____ Date Of Onset _____

Do Any Of The Following Apply To You?

- ☐ Wheelchair-Manual
- ☐ Wheelchair-Power or Scooter
- ☐ Cane

Can you walk unassisted on uneven terrain?

Do you use a catheter?

Do you use a diaper?

Do you utilize the services of an attendant when:

Eating

Bathing

Toileting

Dressing

Comfortable In The Water

Swimmer ☐ or Non Swimmer ☐

1. Have you had *any* seizures in the last year?

If "Yes", when: _____

- ☐ Crutches
- ☐ Walker
- ☐ Service Dog

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Outdoor Adventures Staff
255 Bonita Avenue
Pomona, CA 91679

Phone (909) 596-7733 Extension 4131
Fax (909) 450-0312
adventure@casacolina.org

2. Date of last tetanus shot: _____
3. Are you currently under the care of any medical specialist or doctor? ☐ Yes ☐ No
If "yes" please provide more information : _____
4. Do you have any food allergies or dietary restrictions? ☐ Yes ☐ No
5. Are you currently taking *any* medications? ☐ Yes ☐ No

Have you or are you experiencing any of the following? Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergies To Medications | <input type="checkbox"/> Dysreflexia | <input type="checkbox"/> Lung/Reparatory Issues |
| <input type="checkbox"/> Allergies-Other | <input type="checkbox"/> Ear Drum Perforation | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Pressure Sores |
| <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Fainting/Blackouts | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Blood Pressure Issues | <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bowel/Urinary Issues | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Spinal Conditions |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Communicable Disease | <input type="checkbox"/> Kidney Stones/Infection | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Knee/Joint Conditions | |

If you answered "Yes" to any of the questions above, please elaborate on a separate sheet of paper. If you answered "Yes" to question #5 above, please complete the "Trip Medications Sheet".

Please complete ALL information accurately as it is necessary for us to have should you require medical care.

Health Insurance Company _____	Policy Number _____
Personal Physician _____	Physician's # _____
Emergency Contact Name _____	Relationship _____
Home # _____	Alternate # _____

If the participant is under 18 years of age, or is unable to sign due to other incapacity, the signature of a parent, spouse or legal guardian is required.

Consent For Treatment

IN CASE OF EMERGENCY, the UNDERSIGNED authorizes Casa Colina staff and personnel to provide such medical assistance as they determine to be necessary. The UNDERSIGNED authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the participant, including anesthetics, which they determine necessary or advisable, pending receipt of a specific consent from the UNDERSIGNED. The UNDERSIGNED authorizes necessary care by paramedics.

Date: _____ Signed: _____

Signature of parent, spouse or legal guardian: _____

Media/Photo Release

I hereby authorize Casa Colina to photograph and/or interview me and to use the photographs and/or interviews for educational, scientific, charitable, public relations and/or commercial goals, such as human-interest stories, advertisements, promotions, exhibitions, publications etc., at the discretion of the corporation and without limitations or reservations. The term "photograph" includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.

Date: _____ Signed: _____

Signature of parent, spouse or legal guardian: _____

Outdoor Adventures Staff
255 Bonita Avenue
Pomona, CA 91679

Phone (909) 596-7733 Extension 4131
Fax (909) 450-0312
adventure@casacolina.org

**RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT
OUTDOOR ADVENTURES**



NAME: _____

ACTIVITY: Land Meets Sea 2015

DATE: August 5-7 2015

PARTICIPATION IN THE ABOVE ACTIVITY IS VOLUNTARY AND IS NOT REQUIRED AS PART OF THE REGULAR PROGRAM OF CASA COLINA, INC., AND/OR ANY OF ITS SUBSIDIARY CORPORATIONS.

IN CONSIDERATION of being permitted to participate in the above activity or to any area where any activity related to the above activity shall take place, **each of the undersigned**, for himself, his personal representatives, heirs, and next of kin, acknowledges, agrees and represents that he has, or will immediately upon entering any such area, and will continuously thereafter, inspect such area and all portions thereof which he enters and with which he comes in contact, and he does further warrant that his entry upon such areas and his participation, if any, in the activity **CONSTITUTES AN ACKNOWLEDGMENT THAT HE HAS INSPECTED SUCH AREAS** and that he finds **AND ACCEPTS THE SAME AS BEING SAFE** and reasonably suited for the purposes of his participation, and he further agrees and warrants that if, at any time, he is in or about such areas and he feels anything to be unsafe, he will immediately advise the persons in charge of such and leave the area.

The undersigned hereby releases, waives, discharges and covenants not to sue Casa Colina, Inc., and/or any of its subsidiary corporations, officers, directors, employees, sponsors, participants, owners and lessees of premises used to conduct the activity herein described, all herein referred to as "releasees," from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in the death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in or upon such areas and/or for any purpose participating in the described activity.

The undersigned, and each of them, hereby acknowledges and understands that participation in the described activity is voluntary and by his participation thereof assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of the releases or otherwise while in or upon such area and/or for any purpose participating in the described activity.

The undersigned, and each of them, hereby agrees to indemnify and save hold harmless the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in or upon such area or for any purpose participating in the described activity and whether caused by the negligence of the releases or otherwise.

The undersigned, and each of them, expressly acknowledges and agrees that the activity is dangerous and involves the risk of injury and/or death and/or property damage. Each of the undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the state and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

The undersigned, and each of them, acknowledges that he is responsible for maintaining accident and health insurance to cover bodily injury and/or personal property damage.

- 1. RELEASE AND WAIVER OF LIABILITY AND INDEMNITY:** If under 18 years of age, or other legal incapacity, signature of parent or guardian is required.

SIGNATURE OF PARTICIPANT: _____ DATED: _____

SIGNATURE OF GUARDIAN, CONSERVATOR, OR PARENT IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

_____ DATED: _____

- 2. MEDIA/PHOTO RELEASE:** I hereby authorize Casa Colina to photograph and/or interview me and to use the photographs and/or interviews for educational, scientific, charitable, public relations and/or commercial goals, such as human-interest stories, advertisements, promotions, exhibitions, publications etc., at the discretion of the corporation and without limitations or reservations. The term "photograph" includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.

SIGNATURE OF PARTICIPANT: _____ DATED: _____

SIGNATURE OF GUARDIAN, CONSERVATOR, OR PARENT IF PARTICIPANT IS UNDER
18 YEARS OF AGE:

_____ DATED: _____

U.S. Adaptive Recreation Center**Participant Information Form****Summer 2015**

Name:		Home Phone:	
Address:		Work Phone:	
City:		Cell Phone:	
State:	Zip:	E-mail address:	
County (ie: LA, Orange, San Bernardino):		Weight:	Height:
Date of Birth:	Age:	M/F:	

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Physician/Hospital Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

PARTICIPANT DETAILS

- Participant disability (*be specific as to physical or cognitive elements*): _____ Date of onset: _____
- Do you use a wheelchair? ☐ Yes ☐ No If yes, % of time: _____ If yes, it is: ☐ Electric ☐ Manual
- What aids, if any, do you use to walk? (ie: walker, cane, crutches, braces, etc.): _____
- Do you have seizures? ☐ Yes ☐ No Type of seizure: _____ Date of most recent seizure: _____
- Frequency of seizures: _____ Seizure medication (s): _____
- Are you currently taking any medications? ☐ Yes ☐ No
If yes, please list medications (attach additional page if necessary): _____
- Are you allergic to anything, (i.e. medication, food, etc.)? ☐ Yes ☐ No
If yes, please list allergies: _____
- Do you have any specific dietary requirements (allergies, vegetarian, etc.)? ☐ Yes ☐ No
If yes, please explain: _____
- Do you need to limit your activities for any reason? ☐ Yes ☐ No
If yes, please explain: _____
- Do you utilize the services of an aide/attendant for any reason? ☐ Yes ☐ No
If yes, please explain: _____
- Can you swim? ☐ Yes ☐ No If no, are you comfortable in deep water wearing a life vest? ☐ Yes ☐ No
- Are you able to turn yourself over from a face down position in the water while wearing a life vest? ☐ Yes ☐ No
- Are you currently under a physician's care for any specific condition(s) we should be aware of, (i.e. your disability, diabetes, heart trouble, spinal stabilization, shunts, asthma, medications, tracheostomy, etc.)? ☐ Yes ☐ No
If yes, please explain (attach additional page if necessary): _____
- Have you participated in USARC SUMMER programs before? ☐ Yes ☐ No When? _____
- How did you first hear about USARC? _____

Military/Veteran Information	Participant Type
List Actual Years Served (i.e. 2010, 2011, etc):	<input type="checkbox"/> Service Member Injured Post 2001
Branch:	<input type="checkbox"/> Service Member Injured Pre 2001
Rank:	<input type="checkbox"/> Guest/Family Member
Date of Injury:	<input type="checkbox"/> Veteran Support Staff
Place of Injury:	<input type="checkbox"/> Other _____

USARC Waiver & Release of Liability, and Media Release Agreement

United States Adaptive Recreation Center (USARC) ("Released Parties") are a non-commercial, not for profit activity provider. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. "Released Parties" include USARC and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in USARC related events and activities, the Undersigned ("Undersigned" means only the Participant when the Participant is age 18 or older or it means both the Participant and the Participant's parent or legal guardian when the Participant is under the age of 18) agrees and acknowledges as follows:

1. Risks of Activity. Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. Release and Indemnification. Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees

and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the activities.

3. Helmet Use. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.

4. Miscellaneous. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of California and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in San Bernardino, California (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

Participant's Signature	Participant's Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18

Undersigned parent or legal guardian acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor and that the minor shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent or legal guardian of a minor, the parent or legal guardian understands that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. The Undersigned parent or legal guardian agrees that, but for the foregoing, the minor would not be permitted to participate in the activities. If signing as the parent or guardian of a minor Participant, signing adults represent that they are a legal parent or guardian of the minor Participant.

Minor's DOB	Parent/Legal Guardian Signature	Parent/Legal Guardian Name	Relationship	Emergency Phone	Date

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature	Participant's Name (please print clearly)	Date
Parent/Legal Guardian Signature	Parent/Legal Guardian Name	Relationship
		Date

FOR USARC STAFF USE ONLY

FOR USARC STAFF USE ONLY

FOR USARC STAFF USE ONLY

WATERSKI	Date: _____		Equipment Used: _____ Handle Type / rope length: _____		
	AM	PM	Full Day	Outriggers: Yes No Quadback: Yes No Carabiner: Yes No Boat Speed _____	
	Dockmaster: _____		Comments (set-up, communication, balance, turns, suggestions for future, etc.) _____		
	Asst: _____		_____		
	Boat Driver: _____		_____		
Note Taker: _____					
WATERSKI	Date: _____		Equipment Used: _____ Handle Type / rope length: _____		
	AM	PM	Full Day	Outriggers: Yes No Quadback: Yes No Carabiner: Yes No Boat Speed _____	
	Dockmaster: _____		Comments (set-up, communication, balance, turns, suggestions for future, etc.) _____		
	Asst: _____		_____		
	Boat Driver: _____		_____		
Note Taker: _____					
WATERSKI	Date: _____		Equipment Used: _____ Handle Type / rope length: _____		
	AM	PM	Full Day	Outriggers: Yes No Quadback: Yes No Carabiner: Yes No Boat Speed _____	
	Dockmaster: _____		Comments (set-up, communication, balance, turns, suggestions for future, etc.) _____		
	Asst: _____		_____		
	Boat Driver: _____		_____		
Note Taker: _____					
WATERSKI	Date: _____		Equipment Used: _____ Handle Type / rope length: _____		
	AM	PM	Full Day	Outriggers: Yes No Quadback: Yes No Carabiner: Yes No Boat Speed _____	
	Dockmaster: _____		Comments (set-up, communication, balance, turns, suggestions for future, etc.) _____		
	Asst: _____		_____		
	Boat Driver: _____		_____		
Note Taker: _____					
JETSKI	Date: _____	AM	PM	Ride Tally: _____	JETSKI NOTES: Allowed to Drive? Yes No Top Speed _____ Riding Position? FRNT MDL BK Side-Saddle Likes it: Wet & Wild or Dry and Slow Specific Adaptations or settings: _____
	Coordinator: _____	Asst: _____			
	Driver #1: _____	Driver #2: _____			
	Date: _____	AM	PM	Ride Tally: _____	
	Coordinator: _____	Asst: _____			
JETSKI	Date: _____	AM	PM	Ride Tally: _____	
	Coordinator: _____	Asst: _____			
	Driver #1: _____	Driver #2: _____			
	Date: _____	AM	PM	Ride Tally: _____	
	Coordinator: _____	Asst: _____			
JETSKI	Date: _____	AM	PM	Ride Tally: _____	
	Coordinator: _____	Asst: _____			
	Driver #1: _____	Driver #2: _____			
	Date: _____	AM	PM	Ride Tally: _____	
	Coordinator: _____	Asst: _____			
KAYAKING	Date: _____	AM	PM	KAYAKING NOTES: Time spent in kayak: _____ Kayak Used: SINGLE DOUBLE -with whom _____	
	Coordinator: _____	Asst: _____		Type of seat used? Regular Rigid PVC seated in: BACK FRONT	
	Date: _____	AM	PM	Specific Adaptation or settings: _____	
	Coordinator: _____	Asst: _____			
	Date: _____	AM	PM		
	Coordinator: _____	Asst: _____			

Project/ Activity Title:
Big Bear Valley: Therapeutic Recreation Water Sports Instruction
For Disabled Persons-USARC

Case Number: 231-31127/2796

Name/Address of Contract Agency:
United States Adaptive Recreation Center
P.O. Box 2897
Big Bear Lake, CA 92315

Date of Issue:
 X Original: Beginning 07/01/10
 Amendment No.:

BENEFICIARY QUALIFICATION STATEMENT

This form has the purpose of providing information needed to qualify the use of federal Community Development Block Grant (CDBG) funds for the project/activity described above. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits from the described project/activity. Only one statement per person, per year is required.

Please answer each of the following questions.

1. This question helps you determine the size of your household. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members. **How many persons are in your household?**
2. This question asks if you are from a low- and moderate-income household. For this question, a list of the 2010 EXTREMELY LOW-INCOME, LOW-INCOME and LOW- AND MODERATE-INCOME categories* are presented below.

Please refer to the chart at bottom to determine the **combined gross annual income** of all persons in your household from all sources of income. In the blanks provided, please write (yes) or (no) if your combined gross annual income is equal to or less than the corresponding amount in the chart.

EXTREMELY LOW-INCOME:

LOW-INCOME:

LOW- AND MODERATE-INCOME:

HIGHER THAN LOW AND MODERATE INCOME:

	Number of Persons in Your Household			
	1	2	3	4
EXTREMELY LOW-INCOME	\$13,650	\$15,600	\$17,550	\$19,500
LOW-INCOME	\$22,750	\$26,000	\$29,250	\$32,500
LOW- AND MODERATE-INCOME (COMBINED)	\$36,400	\$41,600	\$46,800	\$52,000

	Number of Persons in Your Household			
	5	6	7	8
EXTREMELY LOW-INCOME	\$21,100	\$22,650	\$24,200	\$25,750
LOW-INCOME	\$35,100	\$37,700	\$40,300	\$42,900
LOW- AND MODERATE-INCOME (COMBINED)	\$56,200	\$60,350	\$64,500	\$68,650

COUNTY OF SAN BERNARDINO DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

Project/ Activity Title:

Big Bear Valley: Therapeutic Recreation Water Sports Instruction
For Disabled Persons-USARC

Case Number: 231-31127/2796

Name/Address of Contract Agency:

United States Adaptive Recreation Center
P.O. Box 2897
Big Bear Lake, CA 92315

Date of Issue:

X Original: Beginning 07/01/10
 Amendment No.:

3. Please indicate how you identify yourself by checking **only one** of the following choices:

White
Black/African American
Asian
American Indian/Alaskan Native
Native Hawaiian/Other Pacific Islander
American Indian/Alaskan Native & White
Asian & White
Black/African American & White
American Indian/Alaskan Native & Black/African American
Balance/Other

Hispanic

Non-Hispanic

4. Please check whether you belong to a Female Headed Household:

☐ Yes

☐ No

5. Please describe the **condition** that would qualify you as being considered in one of the following presumed low- and moderate-income categories: abused child, battered spouse, elderly person, homeless person, disabled adult, illiterate person, or migrant farm worker:
(description) _____

ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SIGNATURE: _____ PHONE: _____

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.

*Taken from 2010 Section 8 Low-Income and Very Low-Income Limits.

PLEASE COMPLETE, THANK YOU.

Participant Name: _____

Lesson Date: _____

Group Name (if applicable) _____

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of Southern California Outrigger Racing Association, _____, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SCORA"), I hereby agree to release, indemnify, and discharge SCORA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in paddling an outrigger canoe entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** boat capsize; tidal conditions and currents; travel in remote areas; collision with objects or other watercraft; prolonged exposure to cold water, hypothermia, accidental drowning; illness in remote areas; exposure to sun, strong wind, cold, storms, large waves, eddies and whirlpools, and lightening; aggressive and/or poisonous marine life; wrist, arm, shoulder, and/or back injuries; slips and falls while getting in and out of the canoe; and rapidly changing adverse weather and water conditions.
Furthermore, SCORA organizers have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SCORA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SCORA's equipment or facilities, **including any such claims which allege negligent acts or omissions of SCORA.**
4. Should SCORA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against SCORA, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SCORA on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name: _____ Date: _____

Address: _____
Street Apt./Unit No. City State/Zip

Phone: _____ Email: _____ Date of Birth _____ Male/Female: _____

Emergency Contact: _____ Phone: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by SCORA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SCORA from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____

Phone: _____

PLEASE WRITE LEGIBLY IN INK

AGREEMENT AND RELEASE FROM LIABILITY

1. VOLUNTARY PARTICIPATION

I acknowledge that I have voluntarily agreed to participate in an event at the Pacific Coast Sailing Foundation facility involving the use of a sailboat and/or a powerboat.

2. ASSUMPTION OF RISK

I AM AWARE THAT MOVING, LAUNCHING, HOISTING, LOWERING, SKIPPERING, CREWING OR BEING A PASSENGER ABOARD A SAILBOAT OR A POWERBOAT AT THE US SAILING CENTER - LONG BEACH, CA AND IN THE WATERS OF ALAMITOS BAY OR THE PACIFIC OCEAN IN THE LONG BEACH AREA ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED. I AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

3. RELEASE

As consideration for being permitted by Pacific Coast Sailing Foundation (PCSF) to participate in this activity and to use its facility and equipment furnished by PCSF or others, I agree that my heirs, assigns, distributees, guardians and representatives and I release PCSF and the City of Long Beach (the City) and all of their affiliated organizations and their officers, directors, employees, members and volunteers (collectively, the Releasees) from all actions, claims or demands that I, my heirs, assigns, distributees, guardians and representatives now have or may hereafter have for injury, death or damage resulting from my participation in this activity. I, my heirs, assigns, distributees, guardians and representatives will not make any claims against or sue the Releasees or any of them for injury, death or damage resulting from the negligence or other acts, howsoever caused by any employee, agent or contractor of PCSF, the City or any of their affiliated organizations as a result of my participation in this activity.

4. KNOWING AND VOLUNTARY SIGNING OF THIS DOCUMENT

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PCSF, THE CITY AND THEIR AFFILIATED ORGANIZATIONS, AND MYSELF. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL.

Dated: _____

Signature

Printed Name

Address

(Over)

DECLARATION OF WITNESS

I certify that _____ acknowledged in my presence that he/she has read and fully understands the meaning and consequences of the foregoing release, and has signed it in my presence.

Dated: _____

Signature

Printed Name

Address

AGREEMENT AND RELEASE OF PARENT OR GUARDIAN (In the event the participant is not 18 years old or older)

I am the parent or legal guardian of _____

I request that my child be permitted to participate in the manner described above. In consideration of such permission being granted, I agree to all of the terms and conditions of the preceding page.

Dated: _____

Signature

Printed Name

Address