

**UNIVERSAL ACCESS PROGRAM**  
**2008 PARTICIPANT REGISTRATION AND RELEASE**

Please complete one form for each adult participant. Children may be registered along with an adult family member on the same form with adequate description. You must be a parent or legal guardian to register children under 18 years old. The Department of Conservation and Recreation (DCR) reserves the right to deny its services and/or your participation in any of its programs, or those that are conducted by its contractors or other service providers, to any individual (or legal representative) for any reason, including but not limited to failure to complete and sign this Registration and Release and Waiver of Liability form. DCR or its contractors will make reasonable efforts to have you sign a new waiver and release of liability form each calendar year; however, you agree that the waiver and release you sign today will extend into other calendar years and continue to be effective.

**General Information**

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email\* \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Birth date \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Health Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

\* *Would you prefer to receive a twice yearly newsletter of activities by \_\_\_\_\_e-mail or \_\_\_\_\_mail?*

Please check your interests: \_\_\_\_\_Skiing \_\_\_\_\_Skating \_\_\_\_\_Snowmobiling \_\_\_\_\_Snowshoeing \_\_\_\_\_Kicksledding  
\_\_\_\_\_Letterboxing \_\_\_\_\_Cycling \_\_\_\_\_Hiking \_\_\_\_\_Fishing \_\_\_\_\_Geocaching \_\_\_\_\_Kayaking \_\_\_\_\_Canoeing  
\_\_\_\_\_Rowing \_\_\_\_\_Sailing \_\_\_\_\_Camping \_\_\_\_\_Nature \_\_\_\_\_Birding \_\_\_\_\_Horseback Riding \_\_\_\_\_Events  
\_\_\_\_\_Other: \_\_\_\_\_

**Confidential Questions**

So we can better serve your needs, all participants must complete the following:

Yes No

Do you have experience with outdoor recreation?

Do you wear glasses or contact lenses?

Can you:

Swim?

Independently form a watertight seal with your mouth?

Independently hold your head up in the water?

Independently turn your body face up in the water while wearing a life jacket?

Can you alert program staff to your needs?

Can you follow multi-step instructions?

Will a Personal Care Assistant accompany you?

If yes, please provide his/her name \_\_\_\_\_

Will you be able to refrain from behaviors that pose a risk to yourself and/or others?  
(*i.e.* Pica behaviors, aggression, inability to set boundaries, lack of safety awareness)

Please explain or offer any additional information you feel the program staff should be aware of for your safety and comfort, including any special accommodations needed:

*(continued on back)*

---

---

---

**Medical Information**

So we can better serve your needs, please list any medical conditions, or any physical, sensory, cognitive, or emotional disabilities or disorders you have:

---

Do you have seizures, diabetes, asthma or any allergies (including to insect stings), drug sensitivities, or dietary restrictions? Yes \_\_\_\_ No \_\_\_\_ . If yes, please describe

---

Do you carry medication? Yes \_\_\_\_ No \_\_\_\_ . If yes, please describe \_\_\_\_\_

---

Please list any medications you may take (in addition to those indicated above). Do any of these medications react negatively with sun and/or heat?

---

---

**Waiver and Release of Liability; Photographs**

I, for myself, and on behalf of any minor child to be registered and to whom I am a parent or guardian, hereby release the Commonwealth of Massachusetts, Department of Conservation and Recreation, and its employees, contractors, permittees, agents, representatives, volunteers and other governmental entities working for or with DCR ("Providers") from any and all liability, loss, damages, costs, claims and/or causes of action, including but not limited to property damage and emotional and bodily injuries, including death, arising in any way from my or my child's or ward's enrollment or participation in any program, course or recreational activity of every type and description provided or sponsored by the Providers. I understand that my or my child's or ward's participation in such program, course or recreational activity may involve risk and the possibility of injury to myself or to my child or ward, and to others, and of property damage. I hereby release and hold the Providers harmless from liability for any such injury or damage, whether incurred by me, my minor child or my ward, and including any injury that may occur as a result of emergency care provided by the Providers. I also hereby indemnify the Providers from any liability, loss, damages, costs, claims and/or causes of action brought by the minor child, the ward, or members of the minor child's or ward's family arising from their enrollment or participation, and from claims of others who I or my child or ward injure while participating in such program, course or recreational activity, including any injury that may occur as a result of emergency care provided to others by the Providers.

By participating in recreational activities offered by DCR and its contractors, I give the Providers unlimited access to and use of all photographs in which I (or my ward or minor child) appear for publication or display in newsletters and other media used to illustrate, advertise or promote recreational opportunities in the state forest and park system.

---

Individually, or as Legal Representative on behalf of minor child or ward

---

Participant's age

---

If Legal Representative, provide legal designation (e.g., parent or court-appointed guardian)

---

Name(s) of minor or ward

---

Minor's or ward's age(s) (if different from above)

---

Date

**FOR CBI STAFF USE:**

Staff: \_\_\_\_\_ Card NO. \_\_\_\_\_ Date \_\_\_\_\_ Expiration \_\_\_\_\_