# Participant Registration Form 2021-2022

## Bay Area Outreach & Recreation Program (BORP)

**Participant First Name:**_____ **Last Name:**_____ Birthdate:___/___/___

Address: _____ City:_____ State:____ Zip:_____ County:_____

Phone:_____ E-mail: _____

Occupation/Employer/School:_____ Grade:____ Primary Language:_____

Gender: __Male __Female __Nonconforming/Nonbinary _____ __Prefer not to disclose

US Veteran: Yes / No Currently enlisted in US military: Yes / No Post-2001: Yes / No

**Parent/Guardian Name:** _____ Phone (hm): _____

Parent/Guardian Address:_____ Phone (wk/cell): _____

**Program:** ___Youth Sports ___Adult Sports ___Adventures & Outings ___Cycling/Kayaking ___Fitness

Select Type: ___Participant ___Volunteer ___Family Member ___Caregiver Other:_____

How did you first hear about BORP? :_____

_____

**Emergency Contact Person** **Relationship to participant** **Phone**

**HEALTH INFORMATION** (*Please attach additional pages if necessary*)

1. Do you have a disability? Yes / No If yes, please specify below.

__Spinal Cord Injury (level: ___) __Spina Bifida __Cerebral Palsy __Amputee __Stroke __Post-Polio

__Blind/Visual __TBI __Multiple Sclerosis __Muscular Dystrophy __Parkinson's Other:_____

2. Please check any assistive devices used: __power wheelchair __manual wheelchair __scooter

__walker ___cane __service animal __prosthetics Other:_____

3. List any other health conditions or information we should know in case of an emergency:

_____

**ACKNOWLEDGMENT/ AUTHORIZATION FOR MEDICAL TREATMENT**

*I hereby acknowledge that the information I have provided in this form is complete and accurate to the best of my knowledge. I hereby consent and authorize Bay Area Outreach & Recreation Program (BORP) staff to obtain emergency medical care for myself or my child, _____, for any injury that may result from participation in BORP programs and events on or about its premises or on a trip. I understand that BORP does not provide medical insurance for this program and that I am responsible for all medical expenses incurred.*

X_____ _____

Signature (Parent/Guardian must sign for minors under age 18) Date

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## Bay Area Outreach & Recreation Program (BORP)

**RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the Bay Area Outreach and Recreation Program (BORP), its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that: (name of participant)

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately: and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Bay Area Outreach & Recreation Program (BORP), their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X_____ Age:_____ Date Signed:_____
PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X_____ _____ Date Signed:_____
PARENT/GUARDIAN SIGNATURE Print Name

**MEDIA RELEASE**

I hereby authorize and give my full consent to BORP to copyright and/or publish any and all photographs, videotapes, and/or film in which I appear while attending BORP events/activities. I further agree that BORP may transfer, use, or cause to be used these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes and television programs without limitations or reservations.

X _____ X _____ Date Signed: _____
PARTICIPANT SIGNATURE PARENT/GUARDIAN SIGNATURE

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## Bay Area Outreach & Recreation Program (BORP)

The City of Berkeley, City of Oakland and other funding agencies require that we ask the following questions of the participants served in our programs. Completing this form helps BORP obtain grant funding for programs.

**AGE:**

| | |
|---|---|
| ☐ 0 – 5 | ☐ 25 – 44 |
| ☐ 6 – 11 | ☐ 45 – 54 |
| ☐ 12 – 17 | ☐ 55 - 61 |
| ☐ 18 – 24 | ☐ 62 and over |

**ETHNICITY:**

Hispanic / Latino(a): ☐ Yes ☐ No

**RACE:**

| (Single Race Categories) | (Multiple Race Categories) |
|---|---|
| ☐ American Indian/Alaskan Native | ☐ American Indian/Alaskan Native AND Black/African American |
| ☐ Asian | ☐ American Indian/Alaskan Native AND White |
| ☐ Black/African American | ☐ Asian AND White |
| ☐ Native Hawaiian/Other Pacific Islander | ☐ Black/African American AND White |
| ☐ White | ☐ Other or Multiracial (please specify): _____ |

**OTHER CHARACTERISTICS: (check all that apply)**

☐ Female ☐ Male ☐ Other

☐ Single Female Headed Family ☐ Disabled* ☐ Homeless* ☐ Chronically Homeless*

**You must obtain verification or self-certification.*

**CURRENT INCOME INFORMATION:** (CIRCLE correct income level above for the total household)

| FY2022 | Household Size | | | | | |
|---|---|---|---|---|---|---|
| **INCOME LEVEL** | **1 Person** | **2 Persons** | **3 Persons** | **4 Persons** | **5 Persons** | **6 Persons** |
| **Poverty** | $12,880 | $17,240 | $21,960 | $26,500 | $31,040 | $35,580 |
| **Extremely Low (to 30% AMI*)** | $28,800 | $32,900 | $37,000 | $41,100 | $44,400 | $47,700 |
| **Low Income (31 - 50% AMI)** | $47,950 | $54,800 | $61,650 | $68,500 | $74,000 | $79,500 |
| **Moderate (51 - 80% AMI)** | $76,750 | $87,700 | $98,650 | $109,600 | $118,400 | $127,150 |
| **Above Moderate (above 80% AMI)** | $76,651 or more | $87,701 or more | $98,651 or more | $109,601 or more | $118,401 or more | $127,151 or more |

* Area Median Income

**Do you participate in any of the following federal/state programs?**

__Medicaid __Unemployment __Social Security Disability Benefits __Free School Lunch Program
__Aid for Dependent Children __Temporary Assistance for Needy Families __Foster Care __Other

***I hereby certify that to the best of my knowledge the above statements are true and correct.***

_____ Participant Printed Name

_____ Interviewer Printed Name

_____ Participant/Parent Signature Date

_____ Interviewer Signature Date

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT: COVID 19 ADDENDUM**

In consideration for receiving permission to BE ON PREMISES at the Bay Area Outreach & Recreation Program (BORP) and to participate in BORP programs (hereinafter the "Activity or Activities"), I, on behalf of myself and any minor child/children for whom I have the capacity to contract, hereby acknowledge and agree to the following:

1. I understand the hazards of the novel coronavirus ("COVID-19and I acknowledge and understand that and I accept full responsibility for familiarizing myself with the most recent updates related to risks of COVID-19.

2. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Activities.

3. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in the Activities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children form whom I have the capacity contract) the Bay Area Outreach & Recreation Program (BORP), their officers, directors, agents, employees, volunteers and assigns (the "RELEASEES") from any liability related to COVID-19 which might occur as a result my being on the premises and participating in the Activities.

4. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury.

5. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the State of California. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES. IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same. IN WITNESS WHEREOF, I have signed this Waiver and Agreement:

Date: _____

SIGNATURE: _____

PRINT NAME: _____

NAMES OF MINOR CHILD(REN):

_____