



### EMERGENCY CONTACT INFORMATION

1. Participants' Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Does the participant live at home? \_\_\_\_\_  
If no, contact's name at place of residence:  
\_\_\_\_\_  
Phone number at residence: \_\_\_\_\_
4. Parent/Guardian's address for mailings:  
\_\_\_\_\_  
\_\_\_\_\_  
Zip Code: \_\_\_\_\_
5. Email address: \_\_\_\_\_
6. Does the participant have a legal guardian? \_\_\_\_\_ (If no, please go to #7)  
Guardian's Name: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Parent/Guardian's Phone: \_\_\_\_\_
7. Emergency Contact's Name: \_\_\_\_\_
8. Emergency Contact's Phone Number: \_\_\_\_\_

Please list any special instructions, information, or medical concerns that may affect successful or safe participation in individual or group activities at Extraordinary Ventures:

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## Release Form

Please note that Extraordinary Ventures, Inc. will not be responsible for monitoring special diets, allergic responses or distributing medications. We will make every effort to modify and accommodate all participants' special needs. It is recommended and may be required, in certain circumstances, that the parent, legal guardian or participant (if they are their own guardian) provides care providers or job coaches for successful participation.

In consideration of the benefits to be derived, and in view of the fact that Extraordinary Ventures, Inc. is a charitable organization, in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well being of the participant during the activity, I hereby give permission for his/her participation in activities sponsored by Extraordinary Ventures, Inc. and Spike LLC, and assume the risk of participation in the activity, releasing Extraordinary Ventures, Inc., Spike LLC, their employees and care providers from any potential liability. I consent to any adult providing first aid or treating minor ailments, as he or she deems appropriate. In the event that I cannot be reached during a medical emergency, I hereby give permission to the physician(s) or other health care professional selected by any adult to treat my son/daughter as the emergency requires, with injection, x-rays, anesthesia, hospitalization, surgery or any other medical procedure.

Signature of parent or guardian if under 18 years of age (participant must sign if he/she does not have a legal guardian): \_\_\_\_\_

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

Signature of parent or legal guardian if participant has one: \_\_\_\_\_

### Photo Release (Optional) Participant

Initial one option \_\_\_\_\_

\_\_\_\_\_ I do hereby consent for pictures or videos to be taken of me (or my son/daughter or ward) to be used by Extraordinary Ventures in its promotional materials, solicitation of donations, educational purposes or any other promotion of EV. This consent may be revoked (in writing) at anytime.

\_\_\_\_\_ I do not consent to the use of pictures of my child or ward.