OREGON ADAPTIVE SPORTS/DISABLED SPORTS USA
INSURANCE WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in OREGON ADAPTIVE SPORTS and DISABLED SPORTS USA programs, related events, and activities**,** I and/or the minor participant and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe to the best of my ability that anything is unsafe, I and/or the minor participant will immediately advise OREGON ADAPTIVE SPORTS and DISABLED SPORTS USA of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue OREGON ADAPTIVE SPORTS and DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

_____ _____ _____
PARTICIPANT'S NAME (print) ***SIGNATURE*** ***DATE***

Emergency Contact Name: _____ Phone: _____
Emergency Contact Name: _____ Phone: _____
Physician's Name: _____ Phone: _____

Media Release
I hereby authorize and give my full consent to Oregon Adaptive Sports and Disabled Sports USA to copyright and/or publish all photographs, video tapes and/or film in which I appear while attending OAS or DS/USA events. I further agree that OAS and DS/USA may transfer, use or cause to be used, these photographs, videos or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

Signature:_____ Date:_____

FOR PARTICIPANTS OF MINORITY AGE
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my 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 THEIR NEGLIGENCE.

_____ _____ _____
PARTICIPANT'S NAME (print) ***SIGNATURE*** ***DATE***