



TOHONO O'ODHAM NATION RECREATION DIVISION  
WAIVER OF LIABILITY—PARTICIPANTS INFORMATION FORM



To participate in Tohono O'odham Nation Recreation Division (TONRD) programs, activities, leagues and/or tournaments, this Wavier of Liability form must be filled out completely and submitted to TONRD for approval. This form is used for all Recreation Division programs, activities and/or tournaments, and will be used for the health and safety of the participant. If some questions do not apply, please indicate with "N/A".

**Personal Information**

Participant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female  
What school is the participant attending? \_\_\_\_\_  
Does the individual have a disability that requires assistance? \_\_\_\_Yes \_\_\_\_No  
Identify any specific behavioral tendencies that you feel staff need to be aware of: \_\_\_\_\_  
\_\_\_\_\_  
Are there any limitations or restrictions in the participant's activity or diet? \_\_\_\_\_

**Medical Information**

Are there any medical conditions we should be aware of ? (e.g., allergy, asthma, seizure) \_\_\_\_\_  
\_\_\_\_\_  
Will medication be taken during program hours? If yes, ask for separate Medical Form \_\_\_\_Yes \_\_\_\_No  
Are the participant's immunizations current and up to date? \_\_\_\_Yes \_\_\_\_No  
Is the participant able to participate in recreation activities (with the limitation/restrictions listed)?: \_\_\_\_Yes \_\_\_\_No  
Is there any other information that may be helpful to the staff? \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information (if under the age of 18 years old)**

Parent/Guardian/Spouse Name: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_  
Address, if different: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Emergency Information**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Medical Coverage: \_\_\_\_\_ Group ID#: \_\_\_\_\_  
Hospital preference in case of emergency: \_\_\_\_\_

**Aquatics** Does the Participant know how to swim? \_\_\_\_Yes \_\_\_\_No What swim level? \_\_\_\_\_  
(Swim cards are available annually in May)

I here give permission for names participant to be transported on field trips with the Tohono O'odham Nation. Major trips, field trips off the Tohono O'odham Nation reservation will have their own form with completed information. Initial \_\_\_\_\_

**Media Release**

I hereby grant the TOHONO O'ODHAM NATION RECREATION permission to record my child or myself (if adult participated) and/or voice for use in television, films, radio or printed media to further the aims of the TOHONO O'ODHAM NATION RECREATION in related campaigns and magazine articles, booklets, posters in other ways they may see fit. Initial \_\_\_\_\_

**Emergency Clause**

In the event I cannot be reached in an emergency, I hereby give my permission to employees of the TOHONO O'ODHAM NATION RECREATION DIVISION to secure proper medical care for myself/my child as deemed necessary. This permission extends minor first aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery and other medical procedures deemed necessary. Initial \_\_\_\_\_

**Release Clause**

The undersigned hereby releases and holds harmless the Tohono O'odham Nation, the Chairman, Vice-Chairman, the Legislative Council and any officers, employees or agents thereof, including without limitation the TOHONO O'ODHAM NATION RECREATION Division from any and all claims, liabilities, or demands whatsoever arising out of the enrollment or participation herein. Initial \_\_\_\_\_

SIGNATURE OF RESPONSIBLE PARTY

RELATIONSHIP

DATE