



SAAC Event Participation Emergency Fact Sheet

Please complete this form and return via fax (781-221-0011), email (cendres@mdsc.org) or mail:
MDSC; 20 Burlington Mall Rd, Suite 261; Burlington, MA 01803

Participant Name: _____ Date of Birth: ____/____/____ Sex: M F

Address: _____ City/State/Zip: _____

Phone: (____) _____ Email: _____

Parent/Guardian: _____ Parent/Guardian Phone: (____) _____

Parent/Guardian Email: _____

Address: _____ City/State/Zip: _____

Emergency Contact Name: _____ Phone Number: (____) _____

Participant Information

School/Day Program/Place of Employment:

Current Medications:

Allergies (food, environmental, medication):

Physician Name: _____ Physician Phone: (____) _____

Physician Address: _____ City/State/Zip: _____

Communication

- Verbal
 Verbal w/ adaptive equipment
 Gestures

- Sign Language
 Communication board/book/other
 Non-Verbal

Please describe any physical limitations we should be aware of:

Please describe any significant behavior characteristics we should be aware of:

Please describe any strategies or supports that would help the participant at events:



INDEMNIFICATION, WAIVER OF LIABILITY AND RELEASE

Participant's Indemnification, Waiver and Release:

The Self-Advocate Advisory Council Program (the “**SAAC Program**”) is offered with the provision that Massachusetts Down Syndrome Congress and its respective officers, directors, affiliates, employees, volunteers, agents and the like (collectively the “**MDSC**”) cannot be held liable for injuries, medical care or property damage incurred in any situation. In consideration of my participation in the SAAC Program, I (the “**Participant**”) for myself, my heirs, personal representatives and assigns, do **hereby agree to indemnify and hold the MDSC harmless, and do covenant not to sue, release, waive, and discharge the MDSC, from and against any and all liability and any and all claims arising from my participation in the SAAC Program, including but not limited to any personal injury, accidents, and injuries that I may receive, any resulting emergency medical care and medications provided to me, or property loss while I am undertaking such activities.**

Participant's Photo Release:

I hereby consent to and authorize the use and reproduction by MDSC of any and all photographs and other audiovisual materials taken of me at the SAAC Program, and, if applicable, my parent or guardian, as the case may be, for promotional printed material, internet material, educational activities, or for any other use for the benefit of the program.

Participant's Emergency Care:

In the event that my parent or guardian (if applicable) cannot be reached in an emergency, I hereby give permission to the physician selected by the MDSC to hospitalize, secure proper treatment for and to order medications (orally or by injection), anesthesia, or surgery for me, at my (or my parent or guardian's, if applicable) expense. I shall indemnify the MDSC, said physician and their agents and employees, and agree to hold them harmless from any and all liability rising out of injury, illness or accident that might happen to me, the resulting medical care and medications provided to me, and from any damage I may cause to any person(s) or property while I am receiving such medical care and medications.

Program Participation:

I further understand that the MDSC can exclude me at any time during the SAAC Program if the MDSC’s program director or another authorized employee judges that I have hampered the safety, welfare, or enjoyment of the other participants in the program.

I understand that SAAC Program leaders will make reasonable efforts to ensure that I can participate in all program activities. I understand that I must have my parent, guardian or other person drop me off at the beginning of SAAC Program activities, and I also understand I must have my parent, guardian or other person pick me up at the end of the SAAC Program.

PARENT OR GUARDIAN’S AGREEMENT (IF APPLICABLE):

I am the parent or legal guardian of the above named Participant, who is my ward or minor child. As such, I am authorized to enter into this agreement on his or her behalf. I have read and understand all of the provisions this agreement, and I agree that said Participant and I are bound by and subject to all of them. I understand that my signature here reflects my agreement on behalf of said Participant to hereby indemnify and hold harmless, and to release, waive discharge and covenant not to sue the MDSC from any and all claims resulting in personal injury, accidents or illnesses, any resulting emergency medical care and medications provided to the Participant, or property loss sustained or suffered by said Participant arising from participation in the SAAC Program.

Acknowledgment of Understanding:

I have read this indemnification, assumption of risk and waiver of liability agreement, fully understand its terms, **and understand that I, on my own behalf, or (if applicable) on behalf of my child or ward, as the case may be, am giving up substantial rights, including the right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Dated this ____ day of _____, 20__.

Witness

Participant, Parent or Guardian