



THE ARC OF EL PASO LIABILITY RELEASE FORM

While great care will be given in planning activities so that all participants will be safe, I understand that participation in the Arc Adventure Club could include activities that might under exceptional circumstances result in injury to the participant named below. I understand that the participant is responsible for providing any needed personal care attendants and indemnify The Arc of El Paso from any claims arising from injury to a personal care attendant during my participation in The Arc Adventure Club.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release The Arc of El Paso from all liability, costs and damages which might arise from participation in the Arc Adventure Club. I further provide my consent for The Arc of El Paso to seek emergency treatment for the participant if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

If the participant is an adult for whom I have been appointed guardian, I give my consent for participation in the Arc Adventure Club agreeing to the provisions above. All participants must be at least age 18.

Participant Name: _____

Signature: _____ Date: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

If the Participant has a guardian

Legal Representative Name: _____

Legal Representative Signature : _____

Date: _____ Phone Number: _____

Legal Representative Email Address: _____

Please scan and email the completed form to shayla.robby@thearcofelpaso.org. Alternatively the form may be faxed to (915) 503-1838 or mailed to The Arc of El Paso, PO Box 221543, El Paso, TX 79913.



PHOTO RELEASE FORM

There are many activities and events that the Arc of El Paso will hold and wants to showcase these moments through our website, brochure, and social media pages.

I, the participant and legal representative (if any), do give permission to be interviewed/photographed/filmed/videotaped for use in the Arc of El Paso publications and media productions for the purpose of promoting our programs.

Participant Name: _____

Signature: _____ Date: _____

Legal Representative Name: _____

Legal Representative Signature : _____

Date: _____