



 **Dreams in Motion**
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Adult Registration and Waiver Form

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ On our email list? yes no

To join our email list, CAREFULLY PRINT email address: _____

Please check all that apply: I am a.....

Participant with a mobility challenge: age _____

Participant with a visual impairment: age _____

Parent or guardian of a child with a mobility challenge or visual impairment:

Participant's name: _____

Family member of a participant with a mobility challenge or visual impairment:

Participant's name: _____

Friend of a participant with a mobility challenge or visual impairment:

Participant's name: _____

Volunteer: If you are with a group, what is the name of your group?

Community Day participant

Dreams In Motion Adult Waiver and Release FOR THE YEAR 20_____

In consideration of myself being permitted to participate in and all Dreams in Motion Activities (the "Activities"), with activity seasons beginning during the calendar year listed above and all other sporting and ancillary Activities, (the "Activities"), beginning during the calendar year listed above sponsored by Dreams In Motion ("DIM") (the "Activities"), I voluntarily and knowingly execute this Adult Waiver and Release.



I understand that the Activities involve physical athletic activities. I understand and acknowledge that the Activities and athletic activities involve inherent risks, hazards, and dangers for anyone participating and for those nearby that cannot be eliminated. I understand and acknowledge that participation in and attendance at the Activities involves the risk of bodily injury, death and/or paralysis. I ACCEPT AND ASSUME ALL RISKS, HAZARDS AND DANGERS of my participation in and/or attendance at the Activities, whether or not specifically identified above.

I understand that participation in the Activities requires a certain degree of skill and knowledge and physical fitness. I have the requisite skill and knowledge and physical fitness to participate in the Activities. If I have any type of medical condition or disability, I represent that I have received clearance from my physician to participate in the Activities. I shall comply with all rules and instructions of DIM and its representatives while participating in or attending the Activities.

I, for myself and on behalf of my heirs, legal representatives and successors, WAIVE AND RELINQUISH any and all claims, rights and causes of action of every kind and nature against DIM, any co-sponsor of the Activities and their respective affiliates, subsidiaries, parents, participants, officers, directors, employees, volunteers, agents and representatives (collectively, the "Released Parties") (including, without limitation, those for personal injury, property damage and/or wrongful death) arising (directly or indirectly) from, by virtue of or in connection with my participation in and/or attendance at the Activities. I further state and agree that all rights under §9-13-02, N.D. Cent. Code are hereby expressly waived. I, for myself and on behalf of my heirs, legal representatives and successors, RELEASE the Released Parties from any liability for any of the foregoing waived and relinquished claims, rights and causes of action and COVENANT NOT TO SUE any of the Released Parties for any such claims, rights and causes of action.

DIM may use my voice and likeness for fundraising, promotional and informational purposes. DIM shall, without limitation, have the right to publish, print, distribute, telecast, cablecast, or otherwise exhibit my voice and likeness and any information concerning the Activities by print, television, radio, digital transmission, the internet and by any other means. The foregoing rights are irrevocable and I shall not have any right to inspect or approve any finished product.

Date: _____

Participant Signature: _____

Printed Name: _____



Concussion Policy & Protocol

- 1) Dreams in Motion requires that all adult participants and volunteers, and parents of minor participants and volunteers, review the concussion information guide and policies that Dreams in Motion has in place, and agree to abide by these policies. This information is available to read and/or take at all events.
- 2) Dreams in Motion requires that all participants, volunteers, photographers, and all who choose to be on the ice at sled hockey events wear a helmet. There are no exceptions.
- 3) If a concussion is suspected, the individual must leave the game or practice immediately and return only after at least 24 hours and with written permission from a healthcare professional.

Checking this box indicates that I have reviewed the concussion information guide and agree to comply with the Dreams in Motion Concussion Policy and Protocol.

Signature of individual (Parent/Guardian if applicant is younger than 18)

Date

Code of Conduct: (please sign ONLY ONE Code of Conduct)

Participant Code of Conduct

- 1) I will pay attention to Dreams in Motion coaches and volunteers and give him/her the respect he/she deserves. I will not misbehave or be disruptive during practices or games so that I do not ruin the experience of other children/young adults.
- 2) I will not argue with referees/coaches/volunteers and will leave any disputes regarding officiating to game organizers.
- 3) I will not intentionally hurt or be mean to any player, coach, or volunteer.
- 4) I will make safe choices, avoiding potential injury to myself and/or other Dreams in Motion participants.
- 5) I will seek and willingly receive instruction both in the skills of the sport and in proper sporting behavior and good sportsmanship.
- 6) I will not drink alcohol, chew or smoke tobacco, or use any illegal substance prior to attending or during a Dreams in Motion event.

Signed: _____

Date: _____



If not a participant, please sign the following Code of Conduct.

Coach/Volunteer Code of Conduct

- 1) I will provide a playing environment for players that is safe from physical and emotional harm.
- 2) I will treat each player as an individual, keeping in mind the wide range of physical and emotional development of each individual child.
- 3) I will place the emotional and physical well-being of Dreams in Motion participants ahead of any personal or parental desires to score or win.
- 4) I will lead by example, demonstrating fair play and sportsmanship in my on- and off- field activities
- 5) I will not subject any child to neglect or to mental, verbal, physical, or sexual abuse.
- 6) I will not leave any child unsupervised.
- 7) I will not be alone with any child where we cannot be observed by others.
- 8) I will not give any child gifts or special favors.
- 9) I will not drink alcohol, chew or smoke tobacco, or use any illegal substance prior to attending or during a Dreams in Motion event.
- 10) I will treat all children equally without respect to gender, race, religion, culture, or ability.
- 11) I will be a positive role model by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
- 12) I will utilize positive guidance techniques.
- 13) I will refrain from profanity, inappropriate jokes or topics of conversation, and sharing of intimate details of my personnel life.
- 14) I will use coaching techniques that are appropriate for all ages and skill levels present.
- 15) I will allow Dreams in Motion athletes, their families, and their friends to use Dreams in Motion's equipment before using it for myself.

Any coach or volunteer who cannot abide by these rules or violates them while be unable to attend Dreams in Motion events for a minimum of 6 weeks.

Signed: _____

Date: _____

