

Project id

Application for Membership

Member Information

Name: _____

Date of Birth: _____ Gender: (circle) Male Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Health/Accident Insurance Company: _____

Policy Number: _____ ID Number: _____

Parent/Guardian Information

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Alternate Phone: _____

Email: _____

(Project id, Inc. will need a copy on file guardianship documentation)

Health History

Diagnoses: (please list all diagnoses pertaining to intellectual and mental health as well as physical)

Allergies (include medication, food and insect allergies):

Medications:

Name

Dosage and Times per Day

Doctor: _____ Phone: _____

Comments or additional pertinent information: (optional)

Member Name: _____

Release of Information

Member name: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Phone: _____

Email: _____

Group Home, Adult Family Home or Apartment Complex (if applicable):

Name: _____

Contact person: _____

Address: _____

City: _____ State: _____ Phone: _____

Email: _____

Primary Caregiver (if applicable): _____

Phone: _____ Email: _____

Additional treatment or support team members (name, phone and email):

I, _____, give permission for Project id, Inc. staff to give to and obtain from the above listed parties any information pertinent to my participation in The Wolf Den Recreation Center, WolfPack sports and any/all Project id, Inc. programming. This information will be kept confidential and utilized only for the purpose of individualizing programming for the identified member and/or for the safety of the identified member and other members of Project id, Inc. programming.

Member signature: _____ Date: _____

Parent/Guardian signature (if applicable): _____

Relationship: _____ Date: _____

Project id

Wolf Den Eligibility and Member Code of Conduct

Eligibility:

I, _____, acknowledge and if requested can provide verification that I am 18 years or age (or older) and have had a diagnosis of an intellectual disability at some point in my life.

Name: _____ Date: _____

Parent/Guardian (if required): _____ Date: _____

Witness: _____ Date: _____

Member Code of Conduct:

As a member of the Wolf Den I agree to:

1. Treat all participants, staff and volunteers with respect and dignity in my speech, my actions and my attitudes as follows (but not limited to) –

Refrain from use of profanity and/or verbal abuse.

Refrain from unwanted physical or verbal sexual overtures.

Refrain from violent or disruptive behaviors.

Refrain from rude or taunting/teasing comments.

2. Maintain good hygiene of my body and clothing.
3. Follow all rules, instructions and requests laid out by staff and volunteers of the Wolf Den while I am in attendance.
4. Help maintain the building, grounds and programming of the Wolf Den as requested by staff and volunteers of the Wolf Den. A requested minimum of 2 hours per month (during routine attendance unless otherwise arranged with staff and volunteers).
5. Pay my monthly fee within five days of the 5th of each month unless otherwise arranged with a Project id board member.
6. Refrain from smoking (including e-cigs or chew) on Project id/Wolf Den property except in designated smoking areas.

7. Never use alcohol, street drugs, marijuana or any medications not prescribed for you while on Project id/Wolf Pack premises or attend Wolf Den activities while under the influence of the above noted substances.
8. Submit to drug or alcohol testing if requested by Wolf Den staff or volunteers.
9. Be honest in all my communications with participants, staff and volunteers of the Wolf Den.
10. Sign releases of information for members of my treatment team regarding information pertaining to diagnoses, medications, specific care requirements and other information deemed pertinent to Wolf Den involvement.
11. Inform Project id/Wolf Den staff of any changes in address, phone, legal status or other pertinent issues.

Failure to follow the above standards will result in the following progressive disciplinary measures:

- Verbal warning given
- Suspension (time frame to be determined)
- Personal meeting with the member, Program Director and two or more staff/volunteers re: a plan of action to correct the behavior/concern
- Permanent removal from all Project id programs

Name: _____ Date: _____

Parent/Guardian (if required): _____ Date: _____

Witness: _____ Date: _____

If the above identified member is not their own guardian, please attach copies of guardianship paperwork. Thank you!

Project id

Wolf Den Membership Financial Agreement

I, _____, agree to pay Project id, Inc. the amount of \$30 per month for full use of Project id programming and recreational facilities. (Unless otherwise noted below)

Email: _____ Required for Receipts

Method of payment: (check one)

_____ Cash or Check (due by the 1st of the month unless otherwise arranged/noted)

_____ Credit or Debit: (circle one) (processed the 3rd of the month unless otherwise arranged)

_____ Visa _____ MasterCard _____ American Express _____ Discover

_____ Name on card _____ Card number

_____ Expiration date _____ 3 digit security code

_____ Signature of member _____ Date

_____ Printed name of Parent/Guardian/Payee Organization, if applicable

_____ Address and Phone number of Parent/Guardian/Payee Organization, if applicable

_____ Signature of Parent/Guardian/Payee, if applicable _____ Date

Additional Comments or Arrangements:

Signature of Project id, Inc. Staff: _____

MEDIA RELEASE FORM

I, _____ grant permission to Project id, hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

-Videos - Email Blasts - Recruiting Brochures - Newsletters - Magazines - General Publications -Website and/or Affiliates - Other:

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please initial the paragraph below which is applicable to your present situation:

___ - I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

___ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____
(if under 20 years of age)

Project id
Participant Waiver and Release of Liability

In consideration of the risk of injury while participating at the Project id, Inc. center, programming and activities, and as consideration of the right to participate in programming and activities at and through the Project id, Inc. organization, I hereby, for myself, heirs, executors, administrators or personal representatives, knowingly and voluntarily enter into this waiver and release liability and waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in Project id, Inc activities and programming and do release and forever discharge Project id, Inc. located at 4209 E. Pacific Ave., Spokane, WA 99202, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives and assigns for any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned activities and programming, including traveling to and from events related to Project id, Inc. programming and activities.

I am voluntarily participating in Project id, Inc. programming and activities and am participating at my own risk. I am aware of the risks that may be associated with both this participation and travel to and from this programming. Nonetheless, I assume all related risks both known and unknown.

I agree to indemnify and to hold harmless Project id, Inc. against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney fees and any related costs. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Project id, Inc., its agents, employees and volunteers.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or support system's neglect, recklessness or malicious intent, I acknowledge and agree to be held responsible and liable of any and all cost associated with these actions.

This agreement is entered into without duress or coercion. I, _____, and Project id, Inc. agree that this agreement is clear and unambiguous in its terms.

Member Name: _____

In the event of an emergency, please contact the following person(s) in the order listed:

<u>Emergency Contact</u>	<u>Relationship</u>	<u>Telephone number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event of an emergency requiring medical intervention, contact and/or transport the participant to the following medical person and/or facility:

Physician

Address

Telephone number

Hospital/Emergency Facility of Preference:

(please note that in life and death situations participant will be transported to the nearest facility)

Participant Name (please print): _____

Participant Address: _____

Participant Signature: _____

Date: _____

Parent/Guardian Waiver

In the event that the participant is under the age of consent or has been deemed in need of and appointed a guardian by a court of law, this release must be signed by that parent or guardian.

I hereby certify that I am the parent or guardian of _____ and do hereby give my consent to the above waiver and release of liability without reservation on behalf of this individual.

Parent/Guardian Name (please print): _____

Relationship to Participant: _____

Parent/Guardian Address: _____

Parent/Guardian Signature: _____

(10/14 DC)