



**IMPACT**  
NORTHWEST

# ***Club Impact* Participant Agreement**

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The Goal of ***Club Impact*** is to provide and enhance social opportunities for young adult with disabilities over the age of eighteen in the Portland area.

The purpose of the agreement is to establish the conditions and procedures under which both ***Club Impact*** participant and Impact Northwest employees and volunteers will work together.

## **PARTICIPANT RESPONSIBILITIES**

- ◆ Be truthful in filling out forms and answering questions.
- ◆ Follow directions from Impact Northwest staff and volunteers.
- ◆ Be courteous and respectful of others at all times
- ◆ Behave in a non-discriminatory manner toward all people without regard to race, religion, gender, sexual orientation, age, disability, or national origin.
- ◆ Ask questions when statements are unclear.
- ◆ Contribute to the best of your ability to make ***Club Impact*** the best that it can be.

## **IMPACT NORTHWEST RESPONSIBILITIES**

- ◆ Provide services in a non-discriminatory manner without regard to race, religion, gender, sexual orientation, age, disability, or national origin.
- ◆ Treat all service participants with respect and honesty.
- ◆ Contribute to the best of our ability to make the social club the best that it can be.

## **PROGRAM ENROLLMENT**

Participants will not be considered enrolled in ***Club Impact*** without the following things:

- ✓ ***Signed Club Impact Participant Questionnaire***
- ✓ ***Signed Release Form authorizing Impact Northwest to Communicate with Others***

## ***Confidentiality Policy***

Impact Northwest respects your right to confidentiality and requires employees and volunteers to exercise the utmost discretion in the sharing of information that has been given on confidential basis. No information received from you will be released outside of Impact Northwest except in the following instances:

1. When you have given written permission
2. Upon issuance of a subpoena by a court of law

3. When we learn of or suspect past or current elderly/child abuse we are required by Oregon State Law to report it to the proper authorities
4. Upon receiving information that indicates that you have intentions or are at risk of harming yourself or others

***Waiver of Liability***

Impact Northwest provides services for participants in *Club Impact*. Although services are designed to be safe, there are risks that might result in injury to a participant.

I (*Participant Name if over 18 years of age*) \_\_\_\_\_,

or I (*Legal Guardian*) \_\_\_\_\_ understand those risks and agree not to hold Impact Northwest responsible for any dispute or injury to myself or my child while participating in recreational activities or being transported to such activities.

Impact Northwest reserves the right to deny *Club Impact* membership and attendance privileges to any person deemed for any reason.

I further understand and agree, that in the case of extreme emergencies or inability to reach the emergency contact persons, I authorize Impact Northwest to secure appropriate medical care for myself or my child. I understand that I will be responsible for any expense of such medical care.

Insurance Provider: \_\_\_\_\_ ID: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The participant has the following medical condition(s) that Impact Northwest should be aware of:

Allergies: \_\_\_\_\_

Past Injuries: \_\_\_\_\_

Seizures: \_\_\_\_\_

Other: \_\_\_\_\_

**COMPREHENSIVES**

I have read and understand about the responsibilities of participants and Impact Northwest, program enrollment, policy and consent definitions, and participant procedures, and I am in full agreement with those elements of this document.

In addition, please check one of the following options:

- I **DO** give permission to Impact Northwest to photograph and/or videotape myself and/or my child(ren) for publicity purposes.
- I **DO NOT** give permission to Impact Northwest to photograph and/or videotape myself and/or my child(ren) for publicity purposes.

Summarily, I understand, consent to, and agree to all of the conditions herein.

Participant Name (please print)	Signature	Date
Parent/Guardian #1 Name (if applicable)	Signature	Date
Parent/Guardian #2 Name (if applicable)	Signature	Date

I have reviewed the Participant Agreement with the participant(s).

<b>Club Impact Representative Name (please print)</b>	<b>Signature</b>	<b>Date</b>
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**Participant Information**

Address \_\_\_\_\_, (city) \_\_\_\_\_, (State) \_\_\_\_\_, (Zip) \_\_\_\_\_  
 Phone Numbers (home) \_\_\_\_\_, (Cell) \_\_\_\_\_, (Work) \_\_\_\_\_  
 Email Address \_\_\_\_\_ DOB \_\_\_\_\_  
 Participant lives with (names) \_\_\_\_\_

**Provider Information**

Provider Name \_\_\_\_\_ Email address \_\_\_\_\_  
 Agency or Brokerage \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_

**Other Contacts**

Contact Name \_\_\_\_\_ Email address \_\_\_\_\_  
 Address \_\_\_\_\_, (city) \_\_\_\_\_, (State) \_\_\_\_\_, (Zip) \_\_\_\_\_  
 Phone Numbers (home) \_\_\_\_\_, (Cell) \_\_\_\_\_, (Work) \_\_\_\_\_  
 Relationship to Participant \_\_\_\_\_

Contact Name \_\_\_\_\_ Email address \_\_\_\_\_  
 Address \_\_\_\_\_, (city) \_\_\_\_\_, (State) \_\_\_\_\_, (Zip) \_\_\_\_\_  
 Phone Numbers (home) \_\_\_\_\_, (Cell) \_\_\_\_\_, (Work) \_\_\_\_\_  
 Relationship to Participant \_\_\_\_\_

Contact Name \_\_\_\_\_ Email address \_\_\_\_\_  
 Contact Address \_\_\_\_\_, (city) \_\_\_\_\_, (State) \_\_\_\_\_, (Zip) \_\_\_\_\_  
 Phone Numbers (home) \_\_\_\_\_, (Cell) \_\_\_\_\_, (Work) \_\_\_\_\_  
 Relationship to Participant \_\_\_\_\_

## Permission to Exchange Information

Impact Northwest and Club Impact will strive to make all Club Impact appropriate. With permission of the participant or legal guardian below, we will communicate as necessary only with specific people listed in order to provide the level of support needed to insure everyone's safety. Please check one:  Participant **is** legal guardian  
**OR**  Participant **is not** legal guardian

I, \_\_\_\_\_ authorize Impact Northwest and Club Impact to discuss  
(participant or legal guardian)  
\_\_\_\_\_ 's disability and any other issues deemed necessary with the  
(participant)  
below listed people for as long as the above named person is a Club Impact participant.

\_\_\_\_\_  
(Participant or guardian signature)                      \_\_\_\_\_  
(Today's date)

Specific people listed below are hereby authorized for Impact NW and Club Impact to communicate with directly. Please include provider working with participant.

1. Name \_\_\_\_\_  
Contact information \_\_\_\_\_  
\_\_\_\_\_

2. Name \_\_\_\_\_  
Contact information \_\_\_\_\_  
\_\_\_\_\_

3. Name \_\_\_\_\_  
Contact information \_\_\_\_\_  
\_\_\_\_\_