



## 29 Friends Membership Registration and Application

Please download this form and bring with you to the first event you attend. Someone from 29 Acres will be contacting you to schedule a phone interview. This interview is required prior to attendance.

Membership is available to anyone 16 years of age and older.

**NOTE: 29 Acres is unable to provide direct attendant support at our adventures. A 29 Acres staff member will decide if your member needs to be accompanied with direct support.**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Social Security #: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you your own guardian?  Yes  No

If no, who is your legal guardian? \_\_\_\_\_ (name only)

Parent/Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name of High School or other resource center you are attending:

\_\_\_\_\_

Do you have an autism spectrum disorder (ASD) diagnosis?  Yes  No  
If yes, at what age and by whom?

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Have you been diagnosed with any additional physical, mental or psycho-educational disorder? (i.e. depression, anxiety, epilepsy or seizure disorder, insomnia, bipolar disorder, borderline personality disorder, schizophrenia, psychosis, dyslexia, dysgraphia, diabetes, etc.?)

Yes  No

If "Yes", please list below:

\_\_\_\_\_  
Diagnosis Date Diagnosed Diagnosed by (Name and Title)

\_\_\_\_\_  
Diagnosis Date Diagnosed Diagnosed by (Name and Title)

\_\_\_\_\_  
Diagnosis Date Diagnosed Diagnosed by (Name and Title)

Have you ever done any of the following?

Damaged Property  Physically Threatened Others  Struck Others

Verbally Threatened Others  Harmed Self

If "Yes" to any of the above, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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NOTE: If your child, or anyone accompanying your child, presents a danger to himself or herself, or other members or volunteers, 29 Acres reserves the right to discontinue membership at any time and for any reason.

Do you have any known allergies? If yes, please explain

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Please list any food allergies or restrictions: Please note that 29 Acres will not be monitoring food intake.

Medications: please list.

NOTE: We **cannot** give medications to participants.

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How would you best describe your communication skills?

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Please describe your relationship with your parents.

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Please describe your relationships with your siblings.

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Do you like pets? Are you afraid of pets?

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Do you have work or volunteer experience?

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Do you require attendant care?  Yes  No

If yes, who will be attending 29 Acre's Adventures with you? Please describe the nature of their relationship with the member and provide their name and contact information. Please note that direct support persons may be subject to a background check.

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Please tell us why you are interested in 29 Acre's Adventures?

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Please tell us what contexts/situations, if any, make you nervous or anxious?

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What do you enjoy doing? We use “likes” to create events

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What do you “dislike” doing? Dislikes can also include things like noise, crowds, etc.

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**VERIFICATION OF INFORMATION:**

The information provided to 29 Acres represents accurate information about applicant, including relevant information about applicant, including applicant’s behavioral, and social functioning needs.

I have read, understood, and accepted the participation Policy for membership.

\_\_\_\_\_  
Member’s (or Guardian) Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member’s (or Guardian) signature

\_\_\_\_\_  
Date

**RELEASE OF LIABILITY**

29 ACRES

To the best of my knowledge, I am in good physical condition and fully able to participate in events with 29 Acres. I am fully aware of the risks and hazards connected with the participation in these events, including physical injury or even death, and hereby elect to voluntarily participate in said events., knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result if participation in this program.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, 29 ACRES, their volunteers, directors, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the program is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas. In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Liability and Hold Harmless Agreement, I UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

I have read and agreed to the terms above.

\_\_\_\_\_  
Member's (or Guardian) name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's (or Guardian) signature

\_\_\_\_\_  
Date

**PHOTOGRAPHY, FILM OR VOCAL RECORDING RELEASE**

Note: I authorize this release based on the following conditions:

- These records become the property of 29 Acres or its representatives
- This release is given without promise of compensation
- This release is effective until terminated by a retraction in writing from the person ranting this authorization
- The parent/legal guardian and the participant do release to 29 Acre's and right, title, and/or interest of any kind they may have in the records produced
- I hereby grant 29 Acres the right and authority to photograph, film and/or record verbally.

These records may be used for promotional, publicity or teaching purposes and may be published in mass media publications, on the intranet or internet sites, or shown on television or movie presentations.

The participant's and family's name may be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

I agree to allow to be photographed and videotaped for the purpose of promoting 29 Acre's Adventures

I would prefer not to be photographed or videotaped (this does not exclude the member from participating in 29 Acre's adventures)

\_\_\_\_\_  
Member's (or Guardian) name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's (or Guardian) signature

\_\_\_\_\_  
Date

***Please bring this application with you (including signed waivers) to your first event.***