

Oregon State University  
College of Health

IMPACT

Individualized Movement and Physical Activity for Children Today

health.oregonstate.edu/impact

IMPACT Application 2023-24

**TO:** Parent/Legal Guardian/Resident Care Agency

**FROM:** Dr. Jen Beamer, Co-Director  
Wanda Wang, Coordinator

Note: OSU (i.e. IMPACT staff, OSU students, employees or volunteers) cannot administer medication to any participant. Parents/Legal Guardians may choose to stay on site to administer medication if needed.

Please answer the questions below **to maintain updated information on participant.** This information is updated annually.

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Male / Female (circle one)

\_\_\_\_\_ Parent/Legal Guardian Email \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**PARTICIPANT LANGUAGE**

Native English speaker \_\_\_\_\_ Bilingual \_\_\_\_\_

English as a second Language(ESL) \_\_\_\_\_ Non-verbal \_\_\_\_\_

Parent/Legal Guardian Language:

Native English speaker \_\_\_\_\_ Bilingual \_\_\_\_\_ ESL \_\_\_\_\_

If English is a second language please list primary language used: \_\_\_\_\_

**GENERAL AREAS OF DISABILITY** (check all those applicable)

\_\_\_ Intellectual Disability

\_\_\_ Orthopedic Disability

\_\_\_ Down Syndrome


\_\_\_ Spina Bifida

\_\_\_ Learning Disability

\_\_\_ Other \_\_\_\_\_

\_\_\_ Cerebral Palsy

\_\_\_ Sensory Impairment

*Area of Disability continued* 



Note: OSU (i.e. IMPACT staff, OSU students, employees or volunteers) cannot administer medication to any participant. Parents/Legal Guardians may choose to stay on site to administer medication if needed.

**IMPACT Health and Physical Activity Questionnaire (continued)**

**FUNCTION & ACTIVITY QUESTIONS**

*Can/does the participant?*

- Walk independently without assistance from another person?      YES    NO
- Walk with the aid of a supportive device (crutches, walker, etc.)?    YES    NO
- Wheel his/herself around in the wheelchair?      YES    NO
- Use the bathroom by self?      YES    NO
- Get dressed by self?      YES    NO
- Enjoy swimming/getting into the water?      YES    NO
- Swim independently?      YES    NO
- Enjoy playing with other children?      YES    NO
- Wear face covering/mask      YES    NO

Comments \_\_\_\_\_  
\_\_\_\_\_

**BEHAVIOR PLAN**

Are there specific behavior management tips that work well with the participant?      YES    NO  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there behavior management strategies that are part of the participant's Individualized Education Plan (IEP/IFSP)?      YES    NO  
If yes, and Parent/Legal Guardian is willing to share that information to help the IMPACT staff, please write here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What words or actions are used with the participant while doing good things at home or in school?  
Please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any particular actions or activities that frighten the participant or cause him/her to shut down.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY FOR YOUTH PROGRAMS

PROGRAM: IMPACT	ACTIVITY: Motor skills fitness program. Activities include: physical activities in various locations including swimming pool, gymnasium, etc.
PARTICIPANT NAME:	PARENT/GUARDIAN NAME:

*Please read this Acknowledgement of Risk and Waiver of Liability for Youth Programs carefully and in its entirety; it is a binding legal document.*

*Return signed forms to [Insert Department Name/Address]: \_\_\_\_\_*

By signature, with full knowledge of the facts and circumstances surrounding the ACTIVITY, I acknowledge my child's participation in the ACTIVITY may expose him/her to actions, events, and environments that may be hazardous to his/her person and/or property. I acknowledge that I am solely responsible for any action that my child may participate in associated with this ACTIVITY or around this ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY.

I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my child's participation in the ACTIVITY, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my child's participation in the ACTIVITY. I understand that there may be participant insurance available for some camps/clinics and if so, that information will be shared with me for processing and handling of any claims.

I will indemnify and hold the State of Oregon, acting by and through the State Board of Higher Education, on behalf of Oregon University System and Oregon State University, its employees, directors, officers, and agents (hereafter referred to as UNIVERSITY) harmless with respect to any and all claims, injuries, and costs associated with my child's participation in this ACTIVITY. It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my child's participation in the ACTIVITY. I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that my child may sustain as a result of participation in the ACTIVITY. I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

### SIGNATURES

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital. Further, I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a child. I acknowledge that my child and I have agreed to the terms and conditions of my child's participation in the ACTIVITY, and I hereby give my consent to participation by my child in the ACTIVITY. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my child has or may have.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### MEDIA RELEASE

I recognize and acknowledge that UNIVERSITY may record my child's participation and appearance in ACTIVITY on any recorded medium (including, but not limited to video, audio, photos) for use in any form. I authorize such recording and release UNIVERSITY to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. No signature below represents my choice to opt out of this media release. To withhold name only, initial here: \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Please return to:  
IMPACT  
College of Public Health and Human Sciences  
Oregon State University  
123 Women's Building  
Corvallis, OR 97331  
(541) 737-2176  
health.oregonstate.edu/IMPACT