



Trails Without Limits

Before you participate in Westchester Parks Foundation's Trails Without Limits program, this form must be completed accurately and in its entirety. This information is essential to our ability to facilitate a successful experience.

Contact/Biographical Information

Today's Date: ____/____/____

Name: _____

Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ #: _____ Relation: _____

Name of Legal Guardian On-site (If applicable): _____

Legal Guardian Signature: _____ Relation: _____

I understand if I need assistance with a transfer, I must have a caregiver on-site (please initial for acknowledgement) _____

***Please note: Transfer assistance is not available (please initial for acknowledgement) _____**

Disability/Medical Information

Date of Birth: ____/____/____ Height: _____ Weight: _____

(The All-Terrain Trackchair can hold a maximum weight of 300 pounds.)

Participant Disability/Diagnosis. **PLEASE BE SPECIFIC & LIST ALL THINGS THAT MAY AFFECT YOUR PARTICIPATION**

Allergies (food, medications, latex, bees, other): _____

Please describe and other medical concerns that may affect participation: _____

History of seizures: Yes No

Physical/Social Information

Mobility: Independent Requires Extra Time Needs Assistance

Devices used to aid mobility (*Please check all that apply*):

Braces Walker Cane Manual Wheelchair Power Wheelchair Crutches

Other (*please describe*): _____

Transfers: Independent Supervision Minimal Assistance
 Moderate Assistance Maximum Assistance

Please describe all pertinent information regarding transfers: _____

Please describe any hearing and/or visual issues and any special needs/concerns: _____

Please indicate hand dominance to operate the Trackchair: Right Left Needs Assistance

Please choose from the following list of diagnoses that you live with. ***Check all that apply:***

<input type="checkbox"/>	Amputation	<input type="checkbox"/>	Hypotension
<input type="checkbox"/>	Aphasia	<input type="checkbox"/>	Muscular Dystrophy
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	Brain Injury	<input type="checkbox"/>	Neurological
<input type="checkbox"/>	Bursitis	<input type="checkbox"/>	Neuromyelitis
<input type="checkbox"/>	Cardiac (hyper/hypotension, A-fibrillation)	<input type="checkbox"/>	Orthopedic (back, hip, knee, foot, ankle)
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Osteopenia/porosis
<input type="checkbox"/>	Developmental Delay	<input type="checkbox"/>	Paraplegia
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Quadriplegia
<input type="checkbox"/>	Fibromyalgia	<input type="checkbox"/>	Spina Bifida
<input type="checkbox"/>	Guillain Barre Syndrome	<input type="checkbox"/>	Spinal Fusion
<input type="checkbox"/>	Herniated Disc(s)	<input type="checkbox"/>	Spinal Stenosis
<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Stroke
Other: _____			

Are you a Veteran? YES NO



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RELEASE OF LIABILITY/PHOTO/VIDEO RELEASE (required)

I/we hereby for ourselves, our heirs, administrators, and assigns, waive and release any and all claims against Westchester Parks Foundation, the County of Westchester, its employees, contractors, sponsors and volunteers, for any and all injuries and/or expenses incurred by me/us while using any related recreation equipment such as the All-Terrain Trackchairs during participation in clinics, classes, workshops, practices, training, rides. By signing this form, you give consent to authorize the use of any photos and videos taken during the event for promotional purposes. You can opt out at any time by contacting office@thewpf.org. You will be added to our email list and be given the opportunity to unsubscribe if you wish.

Printed name of Participant: _____

Signature of Participant: _____ Date: __/__/__

Legal Guardian Printed Name: _____

Legal Guardian Signature: _____ Date: __/__/__

**After you have completed all 3 pages of this form, please email it to:
office@TheWPF.org
and include the date of your reservation in the subject line.**

For questions please call:
Scheduling Questions: 914-810-6603
On site coordinator: 914-496-0616
We will return your call as soon as possible.

We look forward to hiking with you!