Required Forms Instructions:

DO NOT mail these forms in without having completed stage 1 of the online registration available at Wheelchairgames.org. **Forms received before completion of stage 1 will be returned to sender.**

Mailing instructions will be available during stage 1 of the online registration.

Department of Veterans Affairs

CONSENT FOR PRODUCTION AND USE OF VERBAL OR WRITTEN STATEMENTS, PHOTOGRAPHS, DIGITAL IMAGES, AND/OR VIDEO OR AUDIO RECORDINGS BY VA

Name of individual whose statement, likeness, or voice is requested

NOTE: The execution of this form does not authorize production or use of materials except as specified below. The specified material may be produced and used by VA for authorized purposes identified below, such as education of VA personnel, research activities, or promotional efforts. It may also be disclosed outside VA as permitted by law and as noted below. If the material is part of a VA system of records, it may be disclosed outside VA as stated in the "Routine Uses" in the "VA Privacy Act Systems of Records" published in the Federal Register.

The purpose of this form is to document your consent to the Department of Veterans Affairs' (VA) request to obtain, produce, and/or use a verbal or written statement or a photograph, digital image, and/or video or audio recording containing your likeness or voice. By signing this form, you are authorizing the production or use only as specified below.

You are NOT REQUIRED TO CONSENT TO VA's REQUEST to obtain, produce, and/or use your statement, likeness, or voice. Your decision to consent or refuse will not affect your access to any present or future VA benefits for which you are eligible.

You may rescind your consent at any time prior to or during production of a photograph, digital image, or video or audio recording, or before or during your provision of a verbal or written statement. You may rescind your consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance that number of parties involved, and

(To Be Completed by the VA).

The photograph, digital image, and/or video or audio recording will be produced while I am (describe the activity or situation) (***To Be Completed by the Department of Veteran Affairs, if applicable)***

A participant in an adaptive sport or art therapy program sponsored by the Office of National Veterans Sports Programs & Special Events (NVSP&SE).

Check at least one of the following (to be completed by VA)

☒ I hereby voluntarily and without compensation authorize Department of Veterans Affairs NVSP&SE
Name of Facility
to produce a photograph, digital image, and/or video or audio recording of me (or of the above named individual if the individual is legally unable to give consent).

☒ I hereby voluntarily and without compensation authorize Department of Veterans Affairs NVSP&SE
Name of Facility
to obtain or use a verbal or written statement from me (or the of the above named individual if the individual is legally unable to give consent).

I consent to allowing VA to record and use a verbal or written statement, or produce and use photographs, digital images, and video or audio recording for the purpose(s) identified below:

This product will be used: (NOTE: At least one of these boxes must be checked as well as a purpose described below) (to be completed by VA)

☒ Internally (stay within VA) ☒ Externally (shared outside VA)

Please check the applicable purpose(s) (to be completed by VA)

Promotional Efforts:

☒ Internal Publication (only VA) ☒ External publication (publicly available)

☒ Other (Specify): Newspapers, radio stations, television stations, other media outlets, as well as sponsor and partner organizations of the Office of National Veterans Sports Programs and Special Events

Research Activities: ☒ Study

Education Purposes:

☒ Presentation ☒ Conference ☒ Publication in a Journal ☒ Training

☐ Other (Specify): _____

VA ONLY Use:

☐ Performance Improvement ☐ Quality Improvement ☐ Health Care Operations

☐ Other (Specify): _____

☒ All of the Above

NOTE: Do not sign this form unless one or more of the boxes above has been checked.

I have read and understand the foregoing, and I consent to the use of a verbal or written statement from me, and/or of my likeness and/or voice as specified for the above-described purpose(s). I understand that no royalty, fee, or other compensation of any kind will be made to me by the United States for such use. I understand that consent to obtain, produce, and/or use a verbal or written statement, photograph, digital image, and video or audio recording containing my likeness or voice is voluntary, and my refusal will not adversely affect my access to any present or future VA benefits for which I am eligible. I further understand that I may, at any time, rescind my consent prior to or during production of a photograph, digital image, or video or audio recording. I also understand that I may rescind my consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance, and the number of parties involved.

Print Full Name (First and Last Name)	Signature	Date

Permission Obtained By (TO BE COMPLETED BY VA)

Print Employee Full Name	Title	Date

Signature of Person Obtained Obtaining Consent (TO BE COMPLETED BY VA)

Print Employee Full Name	Signature	Date

IMPORTANT: If VA is providing or releasing any patient health or demographic information with the verbal or written statement, photograph, digital image, or video or audio recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information, is required prior to the release of such data to any source outside VA.

37TH NATIONAL VETERANS WHEELCHAIR GAMES

DAMAGE PROVISIONS

In the unlikely event that damage to any hotel property occurs as a result of a participant's or their guest's negligence or intentional misconduct, the participant agrees to assume all liability and expense and, in addition to any other rights as may be had against such participant or guest, the participant agrees to indemnify, defend, and hold harmless Paralyzed Veterans of America and its officers, directors, partners, affiliates, members, and employees from and against all demands, claims, damages to persons and/or property, losses, and liabilities, including reasonable attorney fees (collectively "Claims") arising out of or caused by the participant's or their guest's negligence or intentional misconduct. The hotel or Paralyzed Veterans of America may charge the participant's account or bill the participant directly for all such charges. The participant agrees and acknowledges that neither Paralyzed Veterans of America nor the hotel will be responsible for the safekeeping of their equipment or other valuable items left in function rooms, guestrooms, or anywhere on the hotel property other than the hotel safe. State laws will govern the hotel's liability for items stolen from guestrooms or items kept in the hotels safe.

Print Name: _____ Team Affiliation: _____

Signature: _____ Date: _____

37TH NATIONAL VETERANS WHEELCHAIR GAMES

WAIVER AND RELEASE OF LIABILITY, CONCUSSION AWARENESS ACKNOWLEDGMENT, AND PUBLICITY RELEASE

37th NATIONAL VETERANS WHEELCHAIR GAMES

READ BEFORE SIGNING

In consideration of being allowed to participate in the 37th National Veterans Wheelchair Games, related events and activities (hereinafter, jointly or severally, the "Games"), the undersigned acknowledges, appreciates, and agrees as follows:

I, _____, HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE the United States Government; the Department of Veterans Affairs ("VA"); Paralyzed Veterans of America (PVA); all of their officers, directors, members, agents, contractors, vendors, and/or employees; and any and all sponsoring agencies, sponsors, advertisers, officials, volunteers, medical team members, owners or lessors of the venue, and other participants of the Games (hereinafter "RELEASEES") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or any property belonging to me, whether arising from the negligence of any of the RELEASEES, or otherwise, while participating in the Games.

The risk of injury or loss from the activities involved in the Games is significant, including the potential for serious bodily injury, including death, and property damage. I am fully aware of the risks and hazards associated with participating in the Games and I voluntarily, without any inducement, elect to participate in the Games. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR ANY PROPERTY DAMAGE, OR ANY PERSONAL INJURY, INCLUDING DEATH,THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF BEING ENGAGED IN SUCH ACTIVITY.**

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the nearest official immediately. The Director of the Games reserves the right to reject any entry, and to cancel the Games if, in his or her sole discretion, it is determined that the conditions are unsafe. I acknowledge that the entry fee, once paid, is non-refundable under any circumstance.

I will support the spirit of competition and fair play. I acknowledge that any behavior on my part that is inappropriate and impacts the Games or the participation of my fellow Veterans in a negative manner may result in my removal from the Games and future participation.

37TH NATIONAL VETERANS WHEELCHAIR GAMES

I hereby consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

This release and hold harmless agreement is binding on myself, my heirs, assigns, personal representatives, administrators, and next of kin.

CONCUSSION AWARENESS ACKNOWLEDGMENT

I have received and reviewed the attached Concussion Information Awareness Sheet and understand the concussion risks and other serious brain injuries that I could incur by participating in sporting activities, and I understand what to do if I suspect that I may have sustained a concussion.

PUBLICITY RELEASE

I hereby voluntarily and without compensation authorize pictures, video, and/or voice recording(s) to be made of me by, or on behalf of the Paralyzed Veterans of America; the Department of Veterans Affairs; U.S. military publications; *Sports 'n Spokes, PN,* and other magazines; veterans publications; newspapers; and broadcast media, etc., during the Games. I authorize any or all of the above to use any of the information submitted in my application, my name, completion time, and any other record of the Games, including race results, and to publicize and/or display such photographs, video, and recordings, or any image or likeness derived therefrom, or to provide such photographs, video and recordings, to others of their choosing for display, without notice, or payment of any royalty, fee, or other compensation of any character to me for the use of my image, voice recording and/or other above described information. I understand that such pictures, video, and/or voice recordings are intended to publicize and give recognition to the Games; and my authorization shall extend to any lawful purpose, including, but not necessarily limited to, public relations, promotional activities, and fundraising. Also, I authorize storage of my registration and Games data in electronic media.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature Date

Printed Name

Paralyzed Veterans of America

Paralyzed Veterans of America

Participant Concussion Awareness Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding", 'getting your bell rung", or what seems to be a mild bump or blow to the head can be serious.

What Are The Signs And Symptoms Of A Concussion?

Signs and symptoms of a concussion can show up right after the injury or may appear days or weeks after the injury. If an athlete or event participant (participant) reports one or more symptoms of concussions listed below after a bump, blow, or jolt to the head or body, he or she should be kept our of play the day of the injury and until a health care professional, experienced in evaluating concussions, says they are symptom-free and they are OK to return to play.

Signs Observed by Supervisory Staff	Symptoms Reported by Participants
• Appears dazed or stunned • Is confused about position or assignment • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Cannot recall events prior to hit or fall • Cannot recall events after hit or fall	• Headaches or "pressure" in the head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or "feeling down"

Concussion Danger Signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A participant should receive immediate medical attention if after a bump, blow, or jolt to the head or body they exhibit any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse or slurred speech
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Convulsions, seizures, or unusual behavior
- Cannot recognize people or places
- Becomes increasingly confused or agitated
- Loses consciousness for any amount of time

Why Should A Participant Report Their Symptoms?

If a participant has a concussion, his/her brain needs time to heal. While a participant's brain is healing, they are much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions can result in brain swelling or permanent damage to their brain. It can even be fatal.

What Should You Do If You Think Your Participant Has A Concussion?

If you suspect that a participant has a concussion, remove them from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the participant out of play until a medical professional says they are symptom free and are OK to return to play. Rest is the key to help a participant recover. Exercising or activities that involve a lot of concentration (studying, computers, video games) may cause concussion symptoms to reappear or worsen. After a concussion, returning to participation is a gradual process that should be carefully managed and monitored by a health care professional.

As a participant, it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and respond to the signs, symptoms, and behaviors of a concussion or head injury.

Participant Name: (please print)_____

Participant Signature:_____

Date:_____

Reformatted from the Centers for Disease Control & Prevention's *Heads Up Concussion in Youth Sports Program*. More information can be found at www.cdc.gov/concussion/HeadsUp/yough.htm.

ATHLETE NUMBER-OFFICE USE ONLY

OMB Number: 2900-0759
Expiration Date: Xxx, 20XX
Respondent Burden: 10 minutes

Department of Veterans Affairs

GENERAL MEDICAL FORM

TO BE COMPLETED BY PARTICIPANT. PLEASE TYPE OR PRINT CLEARLY.

PRIVACY ACT: VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

RESPONDENT BURDEN: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 10 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

DATE		VA MEDICAL CENTER NAME
NAME *(Last, First, MI)*		ADDRESS *(Street, City, State, Zip Code)*
E-MAIL ADDRESS		
SOCIAL SECURITY NO. *(Last 4 digits only)*	DATE OF BIRTH	TELEPHONE NUMBER *(Include area code)*

TEAM COORDINATOR/LEADER:	TELEPHONE NUMBER	E-MAIL ADDRESS
In Case of Emergency, Notify *(Name)*:	TELEPHONE NUMBER	RELATIONSHIP TO PATIENT

TO BE COMPLETED BY THE EXAMINING PHYSICIAN. PLEASE TYPE OR PRINT CLEARLY.

Dear Doctor: *Your detailed exam of the participant will be very helpful to the medical assistance team. If an assistant completes the form, please countersign the exam.*

DIAGNOSIS/TYPE OF INJURY

DATE OF INJURY OR DIAGNOSIS _____

☐ SPINAL CORD INJURY (SCI)--LEVEL OF INJURY: _____ AIS: _____

☐ PARAPLEGIC ☐ QUADRAPLEGIC

☐ MULTIPLE SCLEROSIS (MS)

☐ AMPUTEE

☐ HEAD INJURY

☐ OTHER *(Please specify)* _____

VA IDENTIFICATION CARD

PLEASE ATTACH A COPY OF VA IDENTIFICATION CARD HERE *(See below)*

If you do not attach a copy of your VA IDENTIFICATION CARD you **must** fill out VA Form 10-10EZ including your full Social Security Number.

MEDICATIONS *(List relevant medications only. Please do NOT submit VA medications list)*

If accepted to participate in the NVWG and your medical condition changes between now and the NVWG, it is your responsibility to check with your physician and modify your events as appropriate. The NVWG is a sports competition that requires physical exertion. For the best outcomes and your safety, you should be training to participate in your particular events. Please consult your physician or therapist for recommendations and assistance.

PHYSICAL FORM

WEIGHT	HEIGHT	LUNGS	HEART	SKIN

OTHER FINDINGS

PRESENT AND PAST MEDICAL HISTORY AND MAJOR OPERATIONS *(Diabetes, heart disease, hypertension, etc.)*

IS THE PATIENT ON DIALYSIS?* *(Patient is responsible for setting up any dialysis treatment needed)* ☐ YES ☐ NO

IS THE PATIENT ON A VENTILATOR? ☐ YES ☐ NO

IS THE PATIENT ON ANTICOAGULANT DRUGS? *(If yes, which)* ☐ YES ☐ NO _____

PHYSICIAN CLEARANCE

In my opinion, the above individual is cleared to participate in the events they have indicated on their NVWG registration.

PHYSICIAN INFORMATION

☐ VA ☐ NON-VA

NAME OF EXAMINING PROVIDER *(Please print)* *(Check appropriate box)*

☐ MD ☐ PA ☐ NP

ADDRESS *(Street, City, State and Zip Code)*

SIGNATURE OF EXAMINING PROVIDER

TELEPHONE NUMBER DATE

NVWG AND/OR USQRA CLASSIFICATION CARD(S)

PLEASE ATTACH A COPY OF YOUR CLASSIFICATION CARD(S)
(See below)

If applicable, please attach a copy (not the original) of you National Veterans Wheelchair Games, USQRA (quad rugby), and/or Wheelchair Sports, USA classification card above.

May omit only if copy of current NVWG Classification card is provided.

This section must be completed by someone familiar with direct muscle testing, i.e., a physician, physical therapist, kinesiotherapist, or occupational therapist.

NEURO EXAM *(Manual muscle test, 0-5)*

UPPER EXTREMITY	RIGHT	LEFT
DELTOID		
BICEPS		
WRIST EXTENSION		
WRIST FLEXION		
TRICEPS		
FINGER EXTENSION		
FINGER FLEXION		
FINGER ABD/ADD		

LOWER EXTREMITY	RIGHT	LEFT
HIP FLEXION		
HIP EXTENSION		
HIP ADDUCTION		
HIP ABDUCTION		
KNEE FLEXION		
KNEE EXTENSION		
DORSIFLEXION		
PLANTARFLEXION		

SITTING BALANCE *(Please check one)*

☐ NORMAL ☐ FAIR

☐ POOR ☐ NONE

HANDEDNESS *(Please check one)*

☐ RIGHT ☐ LEFT

TRUNK *(0-5 scale)*	UPPER	LOWER
ABDOMINALS		
SPINAL EXTENSORS		