



ILO EVENT POLICY INFORMATION

ILO events are meant to be inclusive, fun, and informative for self-advocates of differing ages and abilities.

One-on-One Support Policy

When considering an ILO activity or event for a self-advocate for the first time, families are encouraged to make arrangements for a one-on-one support to attend with your self-advocate.

ILO reserves the right to determine any individual's further program participation if a one-on-one is deemed necessary. If no one-on-one support is provided for an event yet deemed necessary, ILO reserves the right to request the self-advocate be picked up ASAP.

Drop Off and Pick Up Policy

If you are dropping off, please accompany your self-advocate into the program site and make sure ILO staff is on site. Members must be signed into each event. Please be respectful and abide by published start and end times.

Public Health & Safety Guidelines

ILO will adhere to all local, state, and national policies and guidelines related to public health and safety. **ILO requires anyone involved in an ILO event or activity to be pro-active and cooperative in doing their part to protect themselves and others.**

This includes:

- Not attending an ILO event if you are not feeling well, have any symptoms of illness.
- Not attending an ILO event if you have been in direct contact with anyone who is sick.
- Wearing a mask around others, as requested, even if you are not symptomatic.
- Washing your hands often.
- Social distancing yourself from others (staying at least 6 feet away from others).

Event Cancellation Policy

Events or activities may be cancelled due to inclement weather or instructor/therapist illness, or federal, state, or local regulations. If possible, the event will be rescheduled. Participants will be notified by email and through social media in a timely manner.

Photograph and Video Release

ILO events may be photographed, videotaped, or recorded. Images will be used by ILO for promotional and informational purposes but will not be sold for use by anyone else.

Information Change

It is the responsibility of the self-advocate, family, or their caregivers to promptly inform ILO of any changes to contact and/or emergency information.



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH ILO, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have sufficiently prepared or trained for participation in any ILO activity or event I choose to participate in and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in these activities.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in these activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, illness, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from these activities, THE FOLLOWING ENTITIES OR PERSONS: Integrated Living Opportunities, (ILO) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in these activities, whether caused by the negligence of release or otherwise.

I acknowledge that ILO and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that these activities may involve a test of a person's physical and mental limits and carries with it the potential for illness, death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, public health issues, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.



I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during these activities.

I understand while participating in these activities, I may be photographed or videotaped. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I AGREE TO IT OF MY OWN FREE WILL.