WDE SPECIAL EDUCATION

Vision Outreach Services

2023 Wyoming Rendezvous

The Wyoming Department of Education invites you to the Wyoming Rendezvous, October 10, 2023 at the Casper Recreation Center and the Casper Ice Arena, 1801 E. 4th Street in Casper, from 10 a.m. to 2 p.m.

It is our goal to see students, parents, primary caregivers, friends, family members, teachers for students who have visual impairments, administrators and service providers attend this event. The event provides students, parents, regular education teachers, teachers for students with visual impairments (TVI), orientation and mobility specialists (COMS) and other service providers with the opportunity to meet others in the field of vision loss to increase their knowledge and sense of community.

The Wyoming Rendezvous is geared for students in pre-school through 12th grade. Relationships and connections are also made between the many individuals who attend this event.

The students will be able to participate in ice skating and arts and crafts under the direction of the school staff and family members who accompany them with the support of our vision outreach staff.

In addition to activities for students, consultants from Vision Outreach Services will be available for parents and school staff at the Recreation Center. They will be able to advise you on the resources available for parents and teachers who support children with vision loss.

Thanks to the Wyoming Department of Education, Wyoming Rendezvous provides lunch, skate rental and art and craft materials free of charge for all participants.

Please complete and return the registration form, permission form, assumption of risk form and standard personal release form (required for all participants, adults and children) no later than September 29, 2023.

Registration form must be filled out in its entirety to ensure there is enough equipment to accommodate all participants.

For questions or more information, contact either Brenda Ariosto at 307-265-8818 or brenda.ariosto@wyo.gov or Laurel Henry at 307-472-2085 or laurel.henry@wyo.gov.

Hope to see you at the Wyoming Rendezvous!

Permission Form	
l,	, give my permission for my son/daughter,
	, to participate in the Wyoming Rendezvous
at the Casper Recreation Center, 1801 E 4th Street	, in Casper on October 10, 2023.
In the event of an emergency, I also give my permis staff to accompany my child and their family or sch treatment.	ssion to the Wyoming Department of Education ool personnel to the hospital to receive appropriate
The Wyoming Department of Education is not liable	e for injuries sustained at the Wyoming Rendezvous.
Parent Signature	
Date	
Please mail this permission form, along with the co	mpleted registration and release forms to:
Brenda Ariosto Wyoming Department of Education Vision Outreach Services 539 South Payne Ave Casper, WY 82609	

307-265-8818 307-577-6785 (Fax) brenda.ariosto@wyo.gov

Personal Release Form for use of photographs and information to the Wyoming Department of Education Participant Name Program Title: Winter Wyoming Rendezvous 2023 Event Date: October 10, 2023 Location: Casper, WY In consideration of my appearance at the above Program and other good and valuable consideration, receipt of which is hereby acknowledged, I hereby authorize Wyoming Department of Education and/ or news media to record my name, likeness, image, voice and picture on film or videotape, for use. I agree that the Program may be edited and otherwise altered at the sole discretion of the Producer and used in whole or in part for any and all broadcasting, audio/visual, and or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights to the Program or any benefits derived there from. I consent to use my name, likeness, voice and biographical material about me in connection with the promotion of the Program. I represent that I have the right, capacity, and authority to enter into this agreement and that my performance and the rights I have granted in this agreement will not conflict with or violate any commitment or understanding I have with any other person or entity. I agree to indemnify and hold harmless the Producers from and against all claims arising out of the use of the Program. This Agreement will, in all respects be governed by the and interpreted, construed and enforced in accordance with the laws of the State of Wyoming. The Wyoming Department of Education retain sovereign immunity and all defenses available to them as sovereign pursuant to Wyo. Sate. 1-39-104(a) and all other state law. For questions or more information, please contact brenda.ariosto@wyo.gov or laurel.henry@wyo.gov. $I \square do$, $\square do$ not include the authorization to use my name in connection with such photographs. $I \square do, \square do$ not include the authorization to use any photographs, or likeness which might identify me, such as those that show my face. This agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing. Participant Signature: _______Date: ______ Date of Birth: Address:

I agree that I am the parent and/or guardian of the minor who has signed above or is the participant in

Parent/Guardian Signature: ______ Date: _____

THIS FORM MUST BE COMPLETED BY EACH INDIVIDUAL ATTENDING

Parent Signature Required for Participant's under the age of 18.

the Program I agree that we are both bound by this agreement.

State of Wyoming Assumption of Risk Waiver and Release

I, hereby agree that
there are inherent risks of injury from participation in the Wyoming Rendezvous sponsored by the
State of Wyoming arising from surface hazards, physical exertion, weather conditions and equipment
failures. I fully assume all risks associated with the participation of my child and/or my participation, and
hereby waive, release and discharge for myself, my family members, heirs, administrators, personal
representatives, successors and assigns, any rights and claims which I have or which may hereafter accrue
to me against the State of Wyoming, its elected officials, employees, volunteers and participants or my
child for any and all damages which may be sustained by me directly or indirectly as a result of my
participation in the Wyoming Rendezvous. I also agree I will hold the State of Wyoming harmless from any and all liabilities which may result from my participation in the Wyoming Rendezvous.
and all liabilities which may result norming participation in the wyorning Rendezvous.
I hereby certify that I have fully read and understand the foregoing legal document and sign it knowingly,
willingly and voluntarily.
Participant's Name:
Parent's/Participant's Signature:
Palent 5/ Participant's Signature:
Date:
Phone:
Address:

THIS FORM MUST BE COMPLETED BY EACH INDIVIDUAL ATTENDING

For questions or more information, please contact Brenda Ariosto, 307-265-8818 or at brenda.ariosto@wyo.gov

Skate Registration FormThis form must be filled out in its el

Last Name Group Name		First Na	First Name Reservation Start Dates	
		Reserva		
 Street				_
 City		State	Zip	_
Phone				
	Height	Shoe Size	Youth or Adult	_
Arena. Walkers		ble at the Casper Ice Arena.	ts provided by the Casper Ice Wheelchairs are allowed on the	
I accept for use equipment.	the equipment listed on	this form and accept full res	sponsibility for the care of this	
		•	understand that the sport of and all parts of the user's body.	
equipment. I ag	ree that I will release the Ice Arena from any and a	Wyoming Department of E	Il risks of injury to the users of this ducation, The Casper Recreation C or injuries to the users of the equip	ente
 User's Signatur	e	Guardia	an's Signature (if a minor)	_