



Universal Access Program

Autumn 2022

Visit Walden Pond State Reservation

Before You Come To Programs

✦ Pre-Register ✦

Get into the activity sooner when you arrive! Come with your release form filled out:

www.mass.gov/dcr/universal-access/release

In the event of poor weather:

Contact the providing organization listed inside.

Need to cancel?

Please call the providing organization and leave a message.

Stop by our website:

www.mass.gov/dcr/universal-access

www.facebook.com/DCR.Universal.Access.Program/

See stories and photos from our programs across the state and share your own



DCR invites you to come visit the [Universal Access trail at Walden Pond State Reservation in Concord!](#) It's a beautiful time of year to venture out into the forest and follow the footsteps of Henry David Thoreau to his famous cabin site. We are looking for your feedback on some temporary signage along the trail so that the final signs will be the best possible.



The survey should take 1-3 minutes depending on how much information you choose to share. Thank you again for your time and help with creating the best possible visitor experience on this trail.

Check Out Our Survey

[Walden Pond State Reservation: "Thoreau House Site Trail" Visitor Experience Survey | Mass.gov](#)

DCR Autumn Opportunities to Explore!

DCR Park Interpretive Programs

- All programs are free and open to the public. An adult must accompany children.
- Reasonable accommodations available upon request.
- In case of inclement weather, confirm by calling [the park](#).
- [Parking fees may apply.](#)
- Please follow all current COVID guidelines. Visit Mass.gov/COVID.

Find a program

[DCR Park Interpretive Programs & Calendars | Mass.gov](#)



Hiking Programs

Hit the Trails with *Waypoint Adventure!*

Waypoint Adventure trip-leaders specialize in leading accessible adventure-education programs for youth and adults of all abilities. You'll benefit from our selection of adaptive equipment, receive instruction to meet any learning style, and be encouraged to reach your individual goals.



You must fill out a [release form](#) and meet our [essential eligibility criteria](#) for hiking.

October 18th

Chicopee State Park, Chicopee

10:00 am-1:30 pm

October 23rd

Maudslay State Park, Newburyport

12:30 pm-3:30 pm

November 15th

Wompatuck State Park, Hingham

10:00 am-1:30 pm

November 29th

Western MA Location, TBD

10:00 am-1:30 pm

Cost: \$20 per person. Cost flexible based on need. One parent/friend/PCA of program participant with a disability can attend at no charge.

Pre-registration is required. [Click here to register online](#). If you have any other questions, contact Brenda Kennedy Davies at bkdavies@waypointadventure.org

What to bring:

- Small back pack or bag to carry your things and put your layers in.
- Layers (dress for the weather): to keep cool, warm or rain jacket
- Snacks/ lunch
- Refillable Water bottle
- Sun/bug protection (hat, glasses, lotion, long sleeve shirt, socks and long pants)
- Lace-up sneakers or hiking boots

After the Program: Please remember to do a tick check!



Indoor Ice Skating Opportunities

Come play on the ice at one of the programs listed! Lace up a pair of conventional skates or slide around the ice in your wheelchair. Ice sleds, skate walkers, helmets, ice grippers are also available. Activities may include obstacle courses, a block tower, races, colorful balls and pucks to shoot around, and gently competitive hockey matches.

Admission and equipment are provided free of cost. Pre-registration is required.

To sign up email Kristen.Rhodes@mass.gov or call 857-319-2168

Fitzpatrick Skating Rink

Holyoke, MA

Sundays: 11:30 a.m.–2:00 p.m.

**November 20, December 4, March 5,
12, 26**

Buffone Skating Rink

Worcester, MA

Mondays: 1:00 p.m.–3:00 p.m.

January 16, February 27, March 20

Porrazzo Skating Rink

East Boston, MA

Tuesdays: 11:00 a.m.–1:30 p.m.

**November 9, December 7, January 18,
March 15**



Join us as we pilot Universal Access Outdoor Connections!

A time to find out about upcoming accessible and adaptive programs in DCR Parks; learn about accessible locations and adaptive recreation providers; hear about adaptive and recreational special topics; connect with other outdoor enthusiasts; ask your questions; share your experiences; and have the opportunity to voice any concerns and suggestions.

Dates: October 21, November 18, December 16

Time: 10:00am-10:45am

Location: Zoom - Please email Kristen.Rhodes@mass.gov for link to attend.





2022 Participant Registration & Release



Staff Notes: P D PCA F CG GS W VOL ☐ First day NEW to UAP

Group Name _____ DB date: _____

Please complete one form for each adult participant. Children may be registered along with an adult family member on the same form. If a participant is under 18 years of age or has a legal guardian, a signature from a parent or the guardian is required.

Section 1: General Information (Please print clearly)

Name(s): _____

Address: _____ Phone: _____

City/Town: _____ Cell Phone: _____

State: _____ Zip Code: _____ Email: _____

Emergency contact (first & last name & phone): _____

I would like to receive a twice yearly newsletter by: ☐ Email ☐ Mail

Veteran status (optional): ☐ I have served in the U. S. Military

Where did you hear about our programs?

☐ UAP Newsletter ☐ Brochure/Flyer ☐ Internet ☐ Word of mouth ☐ Job/Client ☐ Other: _____

Section 2: Health Information (All health information is confidential)

Disability Categories: (please check all that apply)

☐ Mobility: _____ ☐ Blind/Visual: _____ ☐ Deaf/Hearing: _____

☐ Cognitive: _____ ☐ Social/Behavioral: _____ ☐ Psychiatric: _____

☐ Other: _____ ☐ I don't want to identify my disability ☐ I don't have a disability

Please check all health conditions you have or have had in the past:

☐ Seizure Disorder ☐ Traumatic/Acquired Brain Injury ☐ Spinal Cord Injury Level: _____

☐ Dementia ☐ Bleeding Disorder ☐ Life-Threatening Allergies: _____

☐ Diabetes ☐ Lung/Breathing Disorder ☐ High Blood Pressure/Heart Disease

☐ Loss of Balance ☐ Weakness or Paralysis of Extremities on ☐ Left Side ☐ Right Side

☐ Other health information: _____

☐ I have fallen in the past 5 years. Please explain: _____

☐ I use an assistive device (e.g. wheelchair, hearing aid, oxygen, etc.): _____

☐ I carry the following medications: (please also tell us where you keep them) _____

2022 PARTICIPANT REGISTRATION AND RELEASE FORM

Name: _____ Height: _____ Weight: _____ Date of Birth: _____

☐ Yes ☐ No Can you independently form a water tight seal with your mouth?

☐ Yes ☐ No Can you independently hold your head above water?

☐ Yes ☐ No Can you independently turn your face up in the water while wearing a life jacket?

☐ Yes ☐ No Can you alert program staff to your needs?

☐ Yes ☐ No Will you be able to refrain from behaviors that pose a risk to yourself and/or others? (e.g. Pica, aggression, lack of safety awareness, wandering away from the group.)

☐ Yes ☐ No Will a Personal Care Assistant accompany you? If yes, please provide their name: _____

Please offer any additional information you feel program staff should be aware of for your safety and comfort:

The undersigned, on behalf of the above mentioned participant, in connection with his/her participation in events held by DCR's Universal Access Program hereby release the Commonwealth of Massachusetts, Department of Conservation and Recreation, and its employees, permittees, vendors, agents, representatives, volunteers and other governmental entities working for or with DCR ("Providers") from any and all liability, loss, damages, costs, claims and/or causes of action, including but not limited to property damage and emotional and bodily injuries, including death, arising in any way from my or my child's or ward's enrollment or participation in any program, course or recreational activity of every type and description provided or sponsored by the Providers.

I understand that my or my child's or ward's participation in such program, course or recreational activity may involve risk and the possibility of injury to me or to my child or ward, and to others, and of property damage. I hereby release and hold the Providers harmless from liability for any such injury or damage, whether incurred by me, my minor child or my ward, and including any injury that may occur as a result of emergency care provided by the Providers. I also hereby indemnify the Providers from any liability, loss, damages, costs, claims and/or causes of action brought by the minor child, the ward, or members of the minor child's or ward's family arising from their enrollment or participation, and from claims of others who I or my child or ward injure while participating in such program, course or recreational activity, including any injury that may occur as a result of emergency care provided to others by the Providers.

The undersigned, on behalf of the below mentioned participant, in connection with his/her participation in events held by DCR's Universal Access Program, gives my permission for the Commonwealth of Massachusetts, including its DCR, to use photographs and/or videotape of me or the participant for publicity and media purposes, including but not limited to internet publications and inclusion in any DCR publication.

Individual Participant: SIGN HERE IN INK

DATE

If participant is under 18 years of age or has a legal guardian, signature of parent/guardian is required:

Parent/Legal Guardian: SIGN HERE IN INK

Parent/Legal Guardian Name (Please Print)