



Student Information WAIVERS AND RELEASES

GENERAL INFORMATION

Student's Name: _____ Age: _____ Gender: _____

Street Address: _____ Height: _____ Weight:** _____

City, State: _____ Zip: _____

Phone: Day: _____ Night: _____ E-mail: _____

****NOTE:** Due to manufacturer's limitations, maximum weight limit for bi-ski and mono-ski is 180 pounds.

Emergency Contact:

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Primary Physician Name: _____ Phone: _____

MEDICAL INFORMATION

Disability: _____ Onset: _____

Medications (name, dosage, frequency, & reason for medication): _____

Past Surgical Procedures (date, any complications): _____

Secondary Disability: _____

Please answer the following questions as applicable. If "Yes", please explain.

- Are you currently under a doctor's care for any condition? Yes No
- Are you allergic to anything? (medications, food, latex, etc.)? Yes No
- Do you have any special dietary requirements? Yes No
- Do you need to limit your activities for any reason? Yes No
- Do you have any special medical conditions (diabetes, asthma, heart)? Yes No
- Do you have any special medical instructions or information? Yes No

Explanations:

General Physical Condition: Fair Good Excellent

Physical Aids: Walker Wheelchair Crutches

Braces (Describe below) Other (describe below)

SECONDARY PROBLEMS (Comment as appropriate)

Circulatory in Limbs _____ **Diabetes:** Yes No. *If yes, Insulin* Yes No

Cardiovascular: _____ **Vision Loss:** _____

Seizures: Yes No *If Yes, controlled with medication:* Yes No

Type of Seizure: _____ Date of Last Seizure: _____

Bladder Management: *Self:* Yes No *Catheter:* Yes No *Leg Bag:* Yes No

Endurance - Normal: Yes No **Decreases with Activity:** Yes No

Hearing Loss: Yes No (Describe) _____

Sensory Loss: Yes No **Pain:** Heat & Cold Pressure Circulation in limbs

Other secondary problems: _____

MOTOR STATUS

Please list any problems with MUSCLE TONE, RANGE OF MOTION OR STRENGTH in the space below. Also note any spasticity or paralysis and area affected.

BEHAVIOR & GENERAL ATTITUDES (Enter number to items listed below)

Key: **1** = Normal - No Problems; **2** = Mild Problems - Interferes Occasionally

3 = Moderate Problems - Interferes Frequently; **4** = Severe Problems - Interferes Constantly

___ Frustration Tolerance ___ Hostility ___ Confusion ___ Anxiety

___ Distractibility ___ Impulsivity ___ Following Directions ___ Temper

___ Spatial Disorientation ___ Problem Solving ___ Memory Loss (Short or Long)

___ Slowness of Cognitive ___ Slowness of Speech ___ Ability to Self Correct

ACTIVITIES & SPORTS INVOLVEMENT

New Skier Previous Skier Amount of Experience: _____

Swimming Weights Soccer Sailing

Basketball Ice Skating Water Skiing Walking

Running Gymnastics Tennis Biking

Other: _____

MISC. INFORMATION

Your Goals for the Ski Season: _____

School or Place of Employment: _____

Grade/Class or Position: _____ Work Phone: _____

Usual Number of relative/friends that accompany you to ski area: _____

How did you hear about our program? _____



WAIVERS AND RELEASES OF LIABILITY

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

Please Note: There are three places that require a signature

In consideration of being allowed to participate in any way in the DISABLED SPORTS USA'S, BLUE RIDGE ADAPTIVE SNOW SPORTS INC.'S, SKI LIBERTY OPERATING CORPORATION, and/or SNOW TIME, INC.' s programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe to the best of my ability that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA'S, BLUE RIDGE ADAPTIVE SNOW SPORTS INC.'S, SKI LIBERTY OPERATING CORPORATION, and/or SNOW TIME, INC. of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA'S, BLUE RIDGE ADAPTIVE SNOW SPORTS INC.'S, SKI LIBERTY OPERATING CORPORATION, and/or SNOW TIME, INC., its affiliated clubs, their representative and/or their representative administrators, directors, agents, coaches, volunteers, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Participant's Name _____
(PLEASE PRINT CLEARLY)

Participant's Signature _____ Date _____

Form continues on next page



FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her releases (Medical Clearance, Media Release, Insurance Waiver and Release of Liability) as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

1st Parent's Signature _____

Printed Name _____ Date _____

2nd Parent's Signature _____

Printed Name _____ Date _____

MEDICAL CLEARANCE

I **HAVE** or **HAVE NOT** (circle one) contacted my physician or physical therapist regarding my participation in the sport of skiing or snowboarding. I accept any and all responsibility for anything that might occur to me while participating in the sport of skiing or snowboarding.

SIGNATURE: _____ DATE: _____

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA, Blue Ridge Adaptive Snow Sports, Inc., and Ski Liberty Operating Corporation to copyright, publish and/or use my likeness, name, voice, or words in any and all photographs, videotapes and or/film and other media, and in any form, in which I appear while attending this and any future Disabled Sports USA, Blue Ridge Adaptive Snow Sports, Inc., Ski Liberty Operating Corporation, and Snow Time Inc.'s event(s). I further agree that Disabled Sports USA, Blue Ridge Adaptive Snow Sports, Inc., Ski Liberty Operating Corporation, and Snow Time Inc. may transfer, use or cause to be used, these photographs, videotapes, film, or other media for any exhibitions, public displays, publications, commercials, art and advertising purposes and television programs without limitations or reservations.

SIGNATURE: _____ DATE: _____