



# Volunteer Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Are you 18 years or older?  Yes  No How did you hear about us? \_\_\_\_\_

### MEDICAL INFO:

Health information (allergies, diabetic, epilepsy, heart condition, prescribed medications, etc): \_\_\_\_\_

Medical instructions for emergencies (name & phone number of physician if undergoing treatment): \_\_\_\_\_

### EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### TO VOLUNTEER (check one):

- Become an Adaptive ski or snowboard Instructor
- Become an on-snow Assistant
- Fundraise for BRASS
- Volunteer off-snow for BRASS

### APPLICANT SIGNATURE:

*"I certify that the facts on this registration form are true and complete to the best of my knowledge and understand that, if volunteering, falsified statements on this registration form shall be grounds for dismissal."*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and sign attached Waiver & Release of Liability Form before mailing all documents to:

**Blue Ridge Adaptive Snow Sports**  
P.O. Box 1414  
Severna Park, MD 21146





**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 leasers 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.**

**First Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Second Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

## 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:** \_\_\_\_\_