



# Student Information WAIVERS AND RELEASES

## GENERAL INFORMATION

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F  
 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?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you allergic to anything? (medications, food, latex, etc.)?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have/use an Epi-Pen?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any special dietary requirements?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you need to limit your activities for any reason?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any special medical conditions (diabetes, asthma, heart)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any special medical instructions or information?          | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

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## 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? \_\_\_\_\_

# Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement

Disabled Sports USA, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. “Released Parties” include Disabled Sports USA , Blue Ridge Adaptive Snow Sports, Inc. and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

**In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Blue Ridge Adaptive Snow Sports, Inc. related events and activities, the Undersigned (“Undersigned” means the Participant or the Participant’s parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:**

- 1. Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.
- 2. Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant’s participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees

and expenses whether or not in litigation, arising out of, or related to, Participant’s participation in the activities.

- 3. Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant’s failure to use a helmet.

- 4. Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of MD and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Anne Arundel County, MD; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.**

<b>Participant’s Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

**FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED**

Undersigned parent, or legal guardian or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent, or legal guardian or legal representative of a minor or legally incapacitated adult, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. If signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adults represent that they are a parent, legal guardian or legal representative of the Participant.

<b>Minor’s DOB</b>	<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>

**MEDIA RELEASE FORM**

**MEDIA/PHOTO WAIVER:** Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

<b>Participant’s Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>
<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>
<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Date</b>

# Liberty Mountain Resort & Blue Ridge Adaptive Snow Sports, Inc

## Participants Agreement and Release

### NOTICE OF RISK

I the undersigned, as a participant in adaptive snow sports lessons and activities related to the same, do hereby understand and agree that the sport of skiing/snowboarding contains inherent risks that could lead to serious injury, property loss or death. These risks include, but are not limited to variations in snow conditions, steepness of terrain, ice and icy conditions, moguls, rocks, trees and other forms of forest growth or debris (above or below the skiing surface), bare spots, lift and snowmaking towers, utility lines, snowmaking equipment and component parts, and other forms of man-made or natural obstacles on or off the designated trails, as well as collisions with equipment, on snow vehicles, obstacles or other skiers/snowboarders and the use of man-made terrain features or designated terrain parks. I also understand and agree that trail conditions vary constantly due to weather conditions and skier/snowboarder use. Other risks include but are not limited to being struck by equipment, carrying equipment while skiing or using the lift and slip and fall related incidents, while on snow and ice covered areas.

### ASSUMPTION OF RISK

Understanding the risk, I hereby agree to voluntarily and expressly assume for myself or my minor child all of the risk involved.

### RELEASE OF LIABILITY

In consideration of the use of the facilities, I HEREBY AGREE NOT TO SUE AND TO RELEASE SKI LIBERTY OPERATING CORP., AND BLUE RIDGE ADAPTIVE SNOW SPORTS, INC., THEIR OWNERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY, RELATED TO ANY PAST, PRESENT OR FUTURE INJURY, OR ANY OTHER LOSS RELATED TO MY OR MY CHILD'S PARTICIPATION OR USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE, GROSS NEGLIGENCE OR IMPROPER CONDUCT ON THE PART OF THE RESORT OR BLUE RIDGE ADAPTIVE SNOW SPORTS, INC. OR THEIR EMPLOYEES OR AGENTS.

I FURTHER AGREE TO HOLD HARMLESS, INDEMNIFY AND DEFEND THE SAME, FROM ANY CLAIM WHICH RESULTS FROM MY, OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE ON THE PART OF THE SKI AREA.

Further, I agree to indemnify and defend the same from any claim that is in anyway related to my or my child's participation or use of the facility, regardless of any negligence on the part of the parties' release.

I understand and agree that this agreement is binding upon myself, my heirs, executors and administrators, acknowledging a complete understanding of the terms, conditions and the totality of its effect.

I agree that all disputes arising under this contract shall be litigated exclusively in the Court of Common Pleas of Adams County, PA or in the United States District Court for the Middle District of Pennsylvania.

This agreement is governed by the applicable laws of this state. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

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Signature of Participant

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Date

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Signature of Parent or Guardian (if under 18)

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Date

(The signature of one parent/guardian binds both parents/guardians in reference to this agreement)