



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



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 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 related events and activities, the Undersigned (“Undersigned” means only the Participant when the Participant is age 18 or older or it means both the Participant and the Participant’s parent or legal guardian when the Participant is under the age of 18) 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.

Participant’s Signature	Participant’s Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18

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

Minor’s DOB	Parent/Legal Guardian Signature	Parent/Legal Guardian Name	Relationship	Emergency Phone	Date

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.

Participant’s Signature	Participant’s Name (please print clearly)	Date

Parent/Legal Guardian Signature	Parent/Legal Guardian Name	Date

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 all of the risk involved.

RELEASE OF LIABILITY

In consideration of the use of the facility I hereby agree to release, hold harmless, indemnify and defend Ski Liberty Operating Corp. and Blue Ridge Adaptive Sports Foundation, Inc., their owners, agents and employees from any and all liability regardless of any negligence, gross negligence or improper conduct on the part of the resort or Blue Ridge Adaptive Sports.

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 Pennsylvania. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

Signature of Participant

Date

Signature of Parent or Guardian (if under 18)

Date