

This form is to be completed by teacher and parent of student needing adaptive ski assistance.

**Return this form at least one week before scheduled ski date to:
Eagle Mount, P.O. Box 2866, Great Falls, MT 59403 or Fax: 454-1780.**

SCHOOL INFORMATION

SCHOOL: _____

SCHOOL CONTACT: _____

PHONE: _____ EMAIL: _____

DATES SKIING: _____

STUDENT INFORMATION

NUMBER OF STUDENTS NEEDING EAGLE MOUNT ASSISTANCE: _____

If more than one, please photo copy this form and complete this section for each student.

STUDENT NAME: _____

DISABILITY: _____

Age: _____ Height: _____ Weight: _____

Has this student participated in adaptive skiing before? _____ If yes, when? _____

Type of skier: ____ Stand-up ____ Sit-Ski ____ Not Sure

Please describe the student's current activities and general energy level: _____

Has the student experienced seizures in the past? _____ If yes, indicate approximately date and severity of last seizure. _____

Please describe student's ambulatory status: _____

Please indicate the answer which best describes the following:

Hearing level:	Normal	Impaired	None
Depth of Vision:	Normal	Impaired	None
Peripheral Vision:	Normal	Impaired	None
Ability to Verbally Communicate	Normal	Impaired	Unable
Ability to Sense Becoming Cold	Normal	Impaired	Unable
Ability to Understand Instructions	Normal	Impaired	Unable

Please detail any other special medical conditions or other information we should know: _____

This is to certify that I, as parent/guardian with legal responsibility for this student, do consent and agree to his/her release as provided on page 2 of this form 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 with Eagle Mount as provided on page 2.

Parent's Signature Phone Number Printed Name Date

Eagle Mount Participant Release of Liability / Information

Initialing each of the following paragraphs and signing below states that you have read each statement thoroughly, understand that you may have given up substantial rights by initialing and signing this release, have not changed it orally, and initial and sign it voluntarily.

In consideration of being allowed to participate in any way in Eagle Mount-Great Falls, and/or Disabled Sports USA recreation programs, related events, and activities, I and/or minor participant and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

INITIAL

_____ Agree that prior to participating I will inspect to the best of my ability, or if a parent and/or legal guardian I will instruct the minor participant to inspect to the best of his/her ability, the facilities and equipment to be used, and if I believe anything is unsafe, I and/or the minor participant will immediately advise an Eagle Mount-Great Falls staff person of such condition(s) and refuse to participate.

_____ Acknowledge and fully understand that I and/or minor participant, will be engaged 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/their own actions, inaction's, 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.

_____ Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

_____ Release, waive, discharge and covenant not to sue Eagle Mount-Great Falls, and/or Disabled Sports USA, its affiliated clubs, their respective administrators, directors, agents, coaches, 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.

_____ Give permission for Eagle Mount-Great Falls to obtain for me emergency medical treatment, as they deem advisable.

_____ Give permission for Eagle Mount-Great Falls to use photographs, videos and general information about me in their efforts to publicize their programs.

_____ Acknowledge and fully understand that Eagle Mount-Great Falls staff members have the authority to exclude participants from the program for behavior they deem unsafe. Use of alcohol and illegal drugs, or being under the influence, is unsafe behavior.

_____ Understand and agree that information regarding Eagle Mount participant or volunteer medical history, family background, and other personal information will be kept strictly confidential.