EAGLE MOUNT
THERAPEUTIC RECREATION
GREAT FALLS, MONTANA

Eagle Mount Great Falls
P.O. Box 2866
Great Falls, MT 59403

(406) 454-1449 * Fax: (406) 454-1780
eaglemountgf@gmail.com
www.eaglemount.net

Skier/Boarder PE Student Guidelines

- Paperwork must be received 2 weeks prior to ski/board dates. Students will be assessed for appropriateness of services according to Eagle Mount participant eligibility guidelines.

- If assistance is available, Eagle Mount provides:
  - 2-hour session
    - After the session all equipment and tags must be turned into Eagle Mount and students will return to school chaperones.

- All students must wear a helmet while under Eagle Mount instruction.
  - Students may use their own helmet or check out an Eagle Mount helmet for the session.

- Students in their School PE Program: Students will pay Showdown the fee that is required by all to participate in the PE program. If the student requires boots and ski/board rentals, that is done through the rental shop at Showdown (just like the other students).
  - Eagle Mount does not charge an extra fee to assist PE Students, however as a non-profit we rely heavily on the generosity of others to support this service. If you would like to contribute to Eagle Mount's adaptive ski/board program, please contact us! www.eaglemount.net

- Cancelations:
  - Weather: Eagle Mount will cancel if the temperatures are projected to be below 10 degrees.
  - No volunteers: Eagle Mount will cancel if assistance is no longer available at time of session.
  - Please notify Eagle Mount immediately if you need to cancel for any reason. Phone: 406-454-1449.

If you have further questions or need other information, please contact us at (406) 454-1449!

Joe Stalzer, Ski/Board Coordinator
joe.eaglemountgf@gmail.com

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Eagle Mount Great Falls
Participant Eligibility Criteria

Alpine Ski and Snowboard Program

General Program Eligibility Criteria

- ☐ Participant lives with a disability and requires specialized instruction or adaptive equipment.
- ☐ Participant is cleared by their doctor to participate in designated activity.
- ☐ While participating with Eagle Mount Great Falls programs, participant can refrain from risky behaviors that pose a threat to themselves and others including aggressive behavior, ignoring safety precautions, drug/alcohol use, and/or inability to set boundaries pertaining to their physical ability and needs.
- ☐ Participant can contribute to a safe learning environment. Harassment and abusive behavior will not be tolerated.
- ☐ Participant can wear all protective equipment required for the activity.
- ☐ Participant can manage personal care independently or with the assistance of their personal support person who is attending all activities with them.
- ☐ Complete a participation application and liability waiver.
- ☐ Must have own transportation.

Alpine Ski and Snowboard Program Eligibility Criteria

- ☐ Participant must be 6 years or older.
- ☐ Participant must meet the above general eligibility criteria.
- ☐ Participant must be 180 pounds or less if using sit-down ski equipment.
- ☐ Participant must be 200 pounds or less for stand-up ski/board assistance.
- ☐ Participant in stand-up ski/board lessons must be able to assist themselves in getting up from the snow with minimal assistance.

After receiving your request for services, our program coordinator will call you to assess the safety and appropriateness of activities you are interested in.

- ✓ **Please remember that not all activities are appropriate for all disabilities, ages or behaviors.**
- ✓ **We must receive all paperwork 2 weeks prior to any scheduled ski/board dates.**

Joe Stalzer, Ski/Board Coordinator
joe.eaglemountgf@gmail.com

Eagle Mount Great Falls is a non-profit organization. We provide therapeutic and recreational activities for children and adults of all ages with physical, developmental, mental and/or behavior challenges, striving to improve the quality of life for them and their families.

MOVE UNITED MEMBER

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REQUEST FOR ADAPTIVE SKI ASSISTANCE
School PE Students

Eagle Mount Great Falls provides adaptive ski assistance to Showdown Ski Area ONLY.

Return this request to our office two weeks prior to scheduled ski/board date.

SCHOOL INFORMATION

School: _____ Phone: _____

School contact: _____ Direct Phone: _____

Email: _____

School Ski Days: _____

PARTICIPANT INFORMATION

Participant's Name: _____ D.O.B.: _____

Parent/Guardian Name (if minor or dependent): _____

Phone: _____ Email: _____

Height: _____ Weight: _____ ☐ Male ☐ Female ☐ Other_____

Emergency Contact: _____

Skier Type: ☐ Skier ☐ Snowboarder ☐ Sit Skier ☐ Unsure

On-Snow Experience: ☐ None ☐ Beginner ☐ Intermediate ☐ Advanced

Adaptive equipment used on-snow: _____

Special interest, hobbies, likes, motivators: _____

Any fears/concerns? _____

If you are visiting from out of town, what day(s) are you available to ski? _____

Why do you need Eagle Mount's assistance? _____

DISABILITY INFORMATION

Participant's disability: _____

Explain Type/Level: _____

Depending on disability, we may need to request a medical release from your physician. Physician's name and contact information: _____

DISABILITY INFORMATION *(continued)*

Wheelchair use: ☐ Electric ☐ Manual Percent of time used: _____

What aid, if any, is needed to walk (walker, brace, cane, etc): _____

Subject to seizures: ☐ Yes ☐ No Type and frequency: _____

Date of most recent seizure: _____ Are seizures controlled: ☐ Yes ☐ No

Are you currently taking any medications that could affect your participation with us? ☐ Yes ☐ No

If yes, please explain: _____

Visual Impairment: ☐ Yes ☐ No

Hearing Impairment: ☐ Yes ☐ No

Communication: ☐ Verbal ☐ Non-Verbal ☐ Other: _____

Learning: ☐ Auditory *(listen)* ☐ Visual *(demonstrate)* ☐ Kinesthetic *(hands on)* ☐ Other: _____

How does participant behave when upset/frustrated? _____

History of physical aggression? ☐ Yes ☐ No If yes, explain: _____

Please list doctor restrictions or any other medical conditions, concerns, allergies, or behavioral/emotional triggers that may affect your participation: _____

_____

For Sit Skiers Only:

Will rolling onto your shoulders cause pain to your back or shoulders? ☐ Yes ☐ No

Using arm strength, can you push your own wheelchair independently? ☐ Yes ☐ No

Can you maintain grip strength in your hand(s)? ☐ Yes ☐ No

If applicable, please note the level of your spinal cord injury: _____

_____

Notice to all skiers/boarders: Assistance may not be guaranteed for the following reasons:

- Adaptive ski/board is not appropriate for all disabilities, ages, or behaviors. Individuals will be evaluated by Eagle Mount for appropriate activities.
- Adaptive ski/board is dependent on volunteer availability. **All paperwork MUST be received at least 2 weeks prior to scheduled ski/board dates to help find appropriate assistance.**

_____

Participant and/or Guardian's Signature Date

Move United Waiver & Release of Liability Agreement

Move United, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this Move United Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. "Released Parties" include Move United, Eagle Mount Great Falls, and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, 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 Move United and/or Eagle Mount Great Falls 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. **Risks of Participation.** The Undersigned recognizes and understands that while Released Parties have undertaken reasonable steps to lessen the risk of transmission of communicable diseases, including but not limited to, COVID-19, in connection with participation in the activities, the Released Parties are not responsible in any manner for any risks related to communicable diseases in connection with Participant's participation in the activities. Specifically, the Undersigned understands that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. The Undersigned is fully aware that participation in the activities carries with it certain inherent risks related to transmission of communicable diseases ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying a communicable disease; (2) the risk of transmitting or contracting a communicable disease, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof. Further, the Undersigned understands that the risks of all communicable diseases are not fully understood, and that contact with, or transmission of, a communicable disease may result in risks to the Participant including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. The Undersigned hereby voluntarily accepts and assumes all risk of loss, personal injury, sickness, death, damage, and expense for the Participant arising from such Inherent Risks. Furthermore, the Undersigned represents and warrants that Participant does not knowingly carry any communicable diseases that may be transmitted during participation in the activities.

3. **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 any Move United/Eagle Mount Great Falls events or activities or the Participant's presence on or travel to the premises where such events or activities take place, 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 such events or activities or the Participant's presence on or travel to the premises where such events or activities take place.

4. **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.

Move United Waiver & Release of Liability Agreement

5. Medical Treatment. Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

6. 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 Montana and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Cascade County, MT; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.

Participant's Signature	**Participant's Name (please print clearly)**	**Date**

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she/they is not only signing this Agreement on his/her/their behalf, but that he/she/they 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/they 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. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB	**Parent/Legal Guardian or Representative Signature**	**Parent/Legal Guardian or Representative Name**	**Relationship**	**Date**

Move United Media Release Agreement

Move United and its affiliated Chapters are not-for-profit entities. "Released Parties" are Move United, Eagle Mount Great Falls and their successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, vendors, consultants, contractors, assigns, volunteers, participants, sponsoring agencies, sponsors, advertisers, and event premises.

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**

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Undersigned parent, or legal guardian, or legal representative acknowledges that he/she/they is not only signing this Agreement on his/her/their behalf, but that he/she/they 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/they is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB	**Parent/Legal Guardian or Representative Signature**	**Parent/Legal Guardian or Representative Name**	**Relationship**	**Date**