



Eagle Mount Great Falls
 P.O. Box 2866
 Great Falls, MT 59403
 Phone: (406) 454-1449, Fax: (406) 454-1780
 eaglemountgf@gmail.com

Area for Office Use Only:

VOLUNTEER APPLICATION

VOLUNTEER INFORMATION			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Address:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height (ft,in):	Weight (lbs):
City:	State:	Zip:	
Home Phone:	Mobile:	Work:	
Email Address:			
Check best way(s) to reach you: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Text			
MILITARY SERVICE (if applicable, check all that apply)			
Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Guard <input type="checkbox"/> Retired			
PARENT/LEGAL GUARDIAN INFORMATION (IF VOLUNTEER IS A MINOR)			
First Name:	Last Name:		Relationship:
Address (if different than above):			
City:	State:	Zip:	
Home Phone:	Mobile:	Work:	
Email Address:			
EMERGENCY CONTACT			
First Name:	Last Name:		
Relationship to Volunteer:			
Home Phone:	Mobile:	Work:	
OTHER VOLUNTEER INFORMATION			
Availability (Check all that apply. Add additional information under Other):			
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Early Evening <input type="checkbox"/> Other: _____			
Allergies:	List any limitations/restrictions that would affect your volunteering:		
Please list volunteer or other experience, if any, that you feel would be helpful to the Eagle Mount programs:			
Special groups/disabilities you would like to work with? <input type="checkbox"/> No preference <input type="checkbox"/> Kids <input type="checkbox"/> Adults <input type="checkbox"/> Veterans			

Find Us!

www.eaglemount.net or eaglemountgf on



Volunteer Name:

OTHER VOLUNTEER INFORMATION

Please select the programs/activities you are interested in volunteering in:

Featured Programs: Horsemanship Ski/Board Sled Hockey Camp GREAT

Tippy Toes (infant/toddler creative movement) Montana Vet Program (MVP)

Other Activities: Climbing Bowling Pontoon Rafting Friday Night Out/Prom

Other activities of interest (not listed):

You will receive detailed program information based on the selection(s) that you make. Some programs may have supplemental questionnaires to assist in providing safe and fun activities. You will be contacted within two weeks of receiving your application.

What brought you to Eagle Mount Great Falls?

What are your expectations from volunteering in our programs/activities?

What do you currently do for exercise and how often?

What are your recreation goals?

Have you ever been convicted of any crimes including sexual abuse related offenses? Y N *If YES, explain:*

Please provide any additional information or concerns that you feel will help us create a successful experience for you: (feel free to include any personal goals, spiritual disclosures, dietary restrictions, home & family life, etc. – help us get to know you better!)

ACKNOWLEDGEMENT

I certify that the information provided on this form is true and correct to the best of my knowledge. Eagle Mount Great Falls reserves the right to verify all information. Forms of verification may include, but are not limited to: 1. Criminal background check. 2. Veteran status. Applicants who provide false information will be disqualified from participating or volunteering.

Printed Name:

Date:

Signature:

If the volunteer is under 18, this section must also be completed:

Parent/ Legal Guardian Printed Name:

Date:

Parent/Legal Guardian Signature:

Relationship:

Disabled Sports USA Waiver & Release of Liability Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this Disabled Sports USA 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 Disabled Sports USA, 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 Disabled Sports USA 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. 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 Disabled Sports USA/ 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. **WARNING:** It is the law of the State of Montana that a person is not liable for damages sustained by another solely as a result of risks inherent in equine activities if those risks are or should be reasonably obvious, expected or necessary to persons engaged in equine activities. (27-1-725 to 27-1-727, MCA)

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. 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.

5. 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 subrogers, 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 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. 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

Disabled Sports USA Media Release Agreement

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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

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. 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