



Eagle Mount - Great Falls

P.O. Box 2866 Great Falls, Montana 59403

Phone: (406) 454-1449 Fax: (406) 454-1780

steph.eaglemountgf@gmail.com

www.eaglemount.net

Dear School Contact,

I hope your students and staff are getting excited for your ski trip to Showdown this winter! This trip is loads of fun, but also a lot of work with many things to remember. This letter is to help guide you and answer any questions that may come up regarding the student(s) that need Eagle Mount services while at Showdown.

- When the school registers with the Showdown office, the school is asked if any student needs adaptive assistance and if so- they will instruct the school to get in touch with Eagle Mount. Attached is the form that is sent in the packet from Showdown to your schools contact person.
- The students guardian must fill out and turn in the original signature form to the eagle mount office at least one week prior to the ski date. If Eagle Mount is booked with skiers/boarders, another ski date can be scheduled directly with Eagle Mount.
- On your ski day, Eagle Mount staff and volunteers are located on the 3rd floor of the lodge. You can find us there. We provide a 2 hour lesson from 10-12noon just like Showdowns 2 hour lesson. After 12noon, the student is the responsibility of the school and/or guardian. It is not recommended that the student ski in the afternoon without someone that understands what the student needs to be safe and able to follow through with that.
- Eagle Mount requires that all participants wear helmets. If the student owns a ski specific helmet, you may send that along. If not, NO problem, we have them to borrow during the lesson.
- The student will pay Showdown the fee that is required by all to participate in the PE program. If the student requires boot and ski/board rentals, that is done so through the rental shop at Showdown (just like the other students).
- If the student cancels, does not show up the morning of the ski day, or the school cancels due to weather- please call 770-0626 to notify Eagle Mount immediately so we can notify our volunteers before they drive up to Showdown.
- Eagle Mount provides this service free to our community, however we are a non-profit that relies heavily on the generosity of others to support this service. If you would like to contribute to this amazing service, you can do so at www.eaglemount.net or contact the office directly at 454-1449.

If you have any questions, please call or text me at 770-0626. I am looking forward to seeing you on the slopes!

Shout for MORE Snow!

A handwritten signature in blue ink that reads "Steph Richardson". The signature is fluid and cursive.

Steph Richardson

Ski Program Coordinator

Mountains accommodate everyone. Gravity doesn't care if you are sitting down or standing up.

Eagle Mount Great Falls provides therapeutic and recreational activities for adults, children and veterans with physical, developmental, mental and/or behavioral challenges, striving to improve the quality of life for them and their families.



Assistance for Showdown PE Program PE STUDENT REGISTRATION

**This forms is to be completed by the school and parent of the student needing adaptive assistance.
Return this forms at least one week prior to the scheduled ski/board date to:**

Eagle Mount PO Box 2866 Great Falls, MT 59403
Call: 406-454-1449, Fax: 406-454-1780, or visit www.eaglemount.net
Program Coordinator: steph.eaglemountgf@gmail.com

SCHOOL INFORMATION

School: _____ Phone: _____
School Contact (Prior to): _____ Direct Phone: _____
Email: _____
School Contact (Day of): _____ Phone: _____
Email: _____
School Ski Date(s): _____

PARTICIPANT INFORMATION

Participant's Name: _____
Parent/Guardian Name: _____
Phone: _____ Email: _____
Address: _____
Grade: _____ Date of Birth: _____ Male Female
Height: _____ Weight: _____
Emergency Contact: _____ Phone: _____
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? _____
What is one goal to be achieved? _____

ASSISTANCE FOR SHOWDOWN PE PROGRAM CONTINUED

DISABILITY INFORMATION

Participant's disability: _____

Explain- Type/level: _____

Secondary disability: _____

Wheelchair use: Electric Manual Percent of time used: _____

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

Subject to seizures: No Yes Type and frequency: _____

Date of most recent seizure: _____

Seizure medication(s): _____

Current Medications: None Yes

Type and purpose: _____

Visual Impairment: No Yes Explain: _____

Hearing Impairment: No Yes Explain: _____

Communication Style: Verbal Nonverbal Other: _____

Learning Style: Auditory Visual Kinesthetic
(listen then do it) (see demonstration) (hands-on, have to "do it" to learn it)

Are you currently receiving treatment or therapy? Physical Occupational Mental Health
 Other: _____

How does participant behave when upset/frustrated? _____

History of physical aggression? No Yes

Anything else you'd like us to know? _____

For sit skiers only:

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

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

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

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

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 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 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

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