



2010-2011 Volunteer Application Packet

This application is for summer and/or winter programming. Thank you for your interest in the ASC. Please read, sign, and return this application, ASC liability waiver forms and Colorado background check. Feel free to contact us with any question at 970.349.2296.

Name:	_____		
Address	_____		
City	_____	State / Zip	_____
Phone:	_____	Email:	_____

Have you volunteered or taken any clinics with the ASC before? No Yes, when? _____

Instructor / Teaching experience: _____

Please describe any experiences you have had with people with disabilities.

Any specific skills that you would like to offer (sign language, working with children, EMT, computer knowledge, foreign language, etc): _____

Any medical concerns or disabilities we should know about? _____ Explain: _____

Winter specific: *(This section is for those interested in applying to be a winter-time volunteer)*

Please check all areas you would be interested in volunteering:

- Ski Instruction/Instructor's Assistant
 - Pass Volunteer (1.5 days a week commitment)
 - Non-Pass Volunteer
- Administration/Office Help
- Fundraising
- Special Events / Mailings / Newsletters

Are you able to lift 115 lbs? (Circle one) Yes No (As an on-mountain, ASC pass volunteer, you will be asked to assist with lifting and loading clients.)

Please indicate your ability in the following:

ALPINE	SNOWBOARD	TELEMARK
B I A	B I A	B I A

Do you have any PSIA Certification or training related: _____

Please indicate the days you can commit to volunteering:

(Full day lessons are 9:15-12:15 & 12:45-3:45, AM Lesson are 9:15-12:15, PM lessons are 12:45-3:45)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Summer specific:

Please list your experience and interest in following:

Boating _____

Climbing _____

Biking _____

Camping _____

Horseback riding _____

Events _____

Please specify your availability through the summer season (June-September 2011)

Adaptive Sports Center's Volunteer Privacy Policy

The Adaptive Sports Center (ASC) requires a background check of all paid employees and all volunteers who will have contact with our clientele. The safety of our clientele is the reasoning behind background checks and are quickly becoming the outdoor education industry standard. They are required by CBMR's Kids Ski School, National Sports Center for the Disabled, and Wilderness Ventures to name just a few.

Volunteers

All ASC volunteers involved with programming or who have any contact with ASC clientele will have to submit to a background check with a service called LexisNexis. This service conducts identity verification and criminal records searches. The check must be completed and submitted online. Undergoing the background check is mandatory and you will not become a pass volunteer without this important step. More information regarding the background check will be provided at the first volunteer orientation.

Records

ALL background records for both staff and volunteers will only be viewed by the Program Directors of the ASC, and only then in reference to the person's ethical capacity to work/volunteer at the ASC. Staff and volunteers may view their own record with advanced notification to the ASC Program Directors. All records will be kept in a secure, locked location that can only be accessed by the ASC Program Directors.

ADAPTIVE SPORTS CENTER OF CRESTED BUTTE, INC.
PARTICIPATION, WAIVER AND RELEASE AGREEMENT

**PLEASE READ THIS ENTIRE FORM CAREFULLY BEFORE SIGNING. THIS FORM INCLUDES A
RELEASE OF ADAPTIVE SPORTS CENTER'S LIABILITY.**

In consideration of being allowed to participate in any way in Adaptive Sports Center programs, related events and activities, I, being at least 18 years of age, for myself, my heirs, assigns and representatives, or if applicable, for my minor child or ward, his or her heirs, assigns and representatives, agree to the following:

1. I understand and acknowledge that I, or my minor child or ward, by participating in Adaptive Sports Center's programs and related events will be engaging in hazardous activities. These activities involve risk of serious injury, including permanent disability or death, social and economic losses, and property damage. I understand that these injuries might result not only from my own action, inactions, or **negligence**, but also from the actions, inactions, or **negligence** of others, or the condition of the terrain, natural and manmade hazards and obstacles, facilities, equipment or vehicles.
2. I have been given the opportunity to ask questions of appropriate Adaptive Sports Center personnel concerning such risks and hazards, and acknowledge that any questions have been satisfactorily answered. I have received sufficient information and time to make an informed decision about my, or my minor child's or ward's participation in the activities.
3. If I, or my minor child or ward, is participating in the Ropes and Challenge Course, I acknowledge that I have read and thoroughly understand the Ropes and Challenge Description Sheet that has been provided to me. I understand that not all risks can be foreseen or described in the Ropes and Challenge Course Activities Description Sheet. **Initial:** _____
4. I assume all of the foregoing risks associated with the Adaptive Sports Center's activities and waive any claim that I, or my minor child or ward, might have against the Adaptive Sports Center and its board members, employees, agents and volunteers as a result of injury, permanent disability, death, social and economic losses, and property damage incurred in the activities, even if caused by their **negligence**.
5. I further agree to hold the Adaptive Sports Center and its board members, employees, agents and volunteers harmless, and forever waive, release and discharge them from all liability for injury, death, loss (including attorneys' fees and costs) or damage to person or property, including rental or loaned equipment, which results from my, or my minor child's or ward's participation in the activities of the Adaptive Sports Center.
6. It is my intent to bind myself, my heirs, executor, administrators, legal representatives and assigns (or my minor child or ward and their heirs, executor, administrators, legal representatives and assigns).
7. This waiver and the release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under law. This Agreement shall be construed and enforced in accordance with Colorado law. Any civil action arising from this Agreement or my participation (or my minor child's or ward's participation) in Adaptive Sports Center's activities shall only be brought in District Court for Gunnison County, Colorado.

BY SIGNING THIS PARTICIPATION WAIVER AND RELEASE AGREEMENT, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT, UNDERSTAND ITS CONTENTS AND UNDERSTAND THAT I AM WAIVING SUBSTANTIAL RIGHTS BY SIGNING IT. I FURTHER ACKNOWLEDGE THAT I HAVE NOT CHANGED THE AGREEMENT ORALLY, AND THAT I HAVE SIGNED IT VOLUNTARILY.

Participant's Printed Name

Parent or Guardian's Printed Name

Signature

Date

Signature

Date

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM

Please note: there are two places on this sheet that require a signature

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in DISABLED SPORTS USA's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging 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 own actions, inactions 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.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA, its affiliated clubs, their representative 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 "releases", 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 release or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Name (PLEASE PRINT CLEARLY) Signature Date

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone Name & Date (PLEASE PRINT CLEARLY)

MEDIA RELEASE FORM

Name _____ Age _____ Male ___ Female ___

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to the Adaptive Sports Center of Crested Butte, Inc. (ASC) and Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this ASC, DS/USA event. I further agree that ASC and/or DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature Date