

U.S. Adaptive Recreation Center Participant Information Form Winter 2017/2018

Name:	Home Phone:
Address:	Work Phone:
City:	Cell Phone:
State: Zip: County:	Cell Phone:
Date of Birth: Age:	E-mail address:
M/F: LBGTQ:	Weight: Height Shoe Size:

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Physician/Hospital Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

PARTICIPANT DETAILS

- Participant Disability (*be specific as to physical or cognitive elements*): _____
 _____ Date of onset: _____
- Do you use a wheelchair? Yes No If yes, % of time: _____ If yes, it is: Electric Manual
- What aids, if any, do you use to walk? (ie: walker, cane, crutches, braces, etc.): _____
- Do you have seizures? Yes No Type of seizure: _____ Date of most recent seizure: _____
 Frequency of seizures: _____ Seizure medication (s): _____
- Are you currently taking any medications? Yes No
If yes, please list medications (attach additional page if necessary): _____
- Are you allergic to anything, (i.e. medication, food, etc.)? Yes No
If yes, please list allergies: _____
- Do you need to limit your activities for any reason? Yes No
If yes, please explain: _____
- Are you currently under a physician's care for any specific condition(s) we should be aware of, (i.e. your disability, diabetes, heart trouble, spinal stabilization, shunts, asthma, medications, tracheostomy, etc.)? Yes No
If yes, please explain (attach additional page if necessary): _____
- Have you taken an adaptive ski lesson before? Yes No If yes, when? _____ Where? _____
- What level trails did you ski? (circle all that apply) Beginner Intermediate Advanced
- How did you first hear about USARC? _____

Military/Veteran Information	Participant Type
List Years/Wars Served: (ex 1999-2004)	<input type="checkbox"/> Service Member Injured Post 2001
Branch:	<input type="checkbox"/> Service Member Injured Pre 2001
Rank:	<input type="checkbox"/> Guest/Family Member
Date of Injury:	<input type="checkbox"/> Veteran Support Staff
Place of Injury:	<input type="checkbox"/> Other _____

Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement

Disabled Sports USA, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. “Released Parties” include Disabled Sports USA , United States Adaptive Recreation Center and their representatives, administrators, directors, agents, coaches, employees, 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 United States Adaptive Recreation Center 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 the activities, 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 the activities.

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. 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 California and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in San Bernardino County, California; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

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. If signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adults represent that they are a parent, legal guardian or legal representative of the Participant.

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

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

Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date



6. I acknowledge that this **AGREEMENT** will prevent the **RELEASORS** from filing suit or making any claim for damages in the event of injury or death arising from the **RELEASORS'** participation in the **SPORTS** or **USE OF THE FACILITIES**. **I UNDERSTAND THIS IS A RELEASE OF LIABILITY AND AGREE THAT IT IS VALID FOREVER**, and will apply whenever the **RELEASORS** participate in the **SPORTS** or engage in **USE OF THE FACILITIES**. I understand and agree that each time I use my **PASS**, or anyone for whom I have executed this agreement uses his or her **PASS**, that use will constitute a renewal and reaffirmation of my and the user's acceptance of this **AGREEMENT**. **FURTHER, I UNDERSTAND AND AGREE THAT IF I RENEW OR PURCHASE A PASS FOR MYSELF OR FOR MY CHILD AT ANY POINT IN THE FUTURE, THIS SIGNED AGREEMENT WILL BE VALID AND BINDING UPON ME AND/OR MY CHILD.**

7. In the event any of the **RELEASORS** or any of their legal representatives file a claim or a lawsuit arising out of any of the **RELEASOR'S** participation in the **SPORTS** or the **USE OF THE FACILITIES**, **I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS MAMMOTH** from and against any damages, attorney's fees or costs arising out of such a claim or a lawsuit. Additionally, I **AGREE** that this **AGREEMENT** will be immediately admissible into evidence in response to any claim or lawsuit filed by **RELEASORS** or on **RELEASORS'** behalf.

8. **I AGREE** that if **MAMMOTH** Management believes that my behavior or conduct is inappropriate or unsafe, they have the right to suspend or revoke my **PASS** without my having any right of refund or reimbursement.

9. **I AGREE** that the **PASS** is non-assignable, non-refundable and cannot be transferred to another person or time period beyond the terms of the **PASS**. There are no exceptions, other than those available if Pass Protection is separately purchased. Use of my **PASS** by anyone other than me shall constitute fraud and will result in the immediate loss of all related privileges without compensation and may result in criminal prosecution.

10. **I AGREE** that if I travel beyond a resort boundary, I assume all risks associated with backcountry travel, including the risk of avalanches. **I AGREE** that I may be charged for any rescue, if available, beyond a resort boundary.

11. **I AGREE** to read and follow each and every rule stated in Your Responsibility Code, Cross Country Responsibility Code, Freestyle Terrain Users' Responsibilities, and sections 602(r) and 653i of the California Penal Code, as applicable.

12. **I AGREE** to grant to **MAMMOTH** and its advertising and promotion agencies the right to use and publish worldwide and in perpetuity, in any and all forms of media now known or hereafter devised, including without limitation online and in social media, without approval or compensation, my image and/or performance captured at any **MAMMOTH**-operated location. I further **AGREE** that personal information submitted to **MAMMOTH**, including name, mailing address, phone number, and email address, may be collected, processed, stored and used by **MAMMOTH** for the purposes of marketing **MAMMOTH'S** products and services to me, including contacting me by email and/or by telephone, including via automated pre-recorded message, to the extent permitted by law. All personal information collected is subject to **MAMMOTH'S** Privacy Policy, available at www.mammothmountain.com/privacy, which includes opt-out procedures.

13. In executing this **AGREEMENT**, I declare under penalty of perjury under the laws of the State of California that I am doing so only for myself and/or on behalf of persons for whom I have authority to execute. In the event that I execute this **AGREEMENT** on behalf of another person, and in the event that the other person brings a claim against **MAMMOTH**, **I AGREE** to defend, indemnify and hold harmless **MAMMOTH** as fully set forth in Paragraph 7 above.

14. **I ACKNOWLEDGE** that this **AGREEMENT** is binding upon me and/or any person on behalf of whom I am executing, my heirs, assigns and legal representatives. I acknowledge that this **AGREEMENT** is severable and that if any clause is found to be invalid, the offending clause will be stricken and the balance of the **AGREEMENT** will remain in effect and will be enforceable. I agree that any action arising under this **AGREEMENT** will be brought in the Superior Court of Mono County, State of California. This **AGREEMENT** will be subject to and interpreted under the laws of the State of California.

THIS IS A BINDING AGREEMENT – DO NOT SIGN IT UNLESS YOU AGREE TO BE BOUND BY ITS TERMS

Signature of Participant _____ Date _____

Participants under the age of 18 years are required to have at least one parent or legal guardian read and sign.

Print Name of Parent/Legal Guardian _____ Relation _____

Signature of Parent or Legal Guardian _____ Date _____

Project/ Activity Title:
 Big Bear Valley: Therapeutic Recreation Water Sports Instruction
 For Disabled Persons-USARC

Case Number: 231-31127/2796

Name/Address of Contract Agency:
 United States Adaptive Recreation Center
 P.O. Box 2897
 Big Bear Lake, CA 92315

Date of Issue:
 Original: Beginning 07/01/10
 Amendment No.:

BENEFICIARY QUALIFICATION STATEMENT

This form has the purpose of providing information needed to qualify the use of federal Community Development Block Grant (CDBG) funds for the project/activity described above. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits from the described project/activity. Only one statement per person, per year is required.

Please answer each of the following questions.

1. This question helps you determine the size of your household. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members. **How many persons are in your household?** _____
2. This question asks if you are from a low- and moderate-income household. For this question, a list of the 2010 EXTREMELY LOW-INCOME, LOW-INCOME and LOW- AND MODERATE-INCOME categories* are presented below.

Please refer to the chart at bottom to determine the **combined gross annual income** of all persons in your household from all sources of income. In the blanks provided, please write (yes) or (no) if your combined gross annual income is equal to or less than the corresponding amount in the chart.

EXTREMELY LOW-INCOME: _____
LOW-INCOME: _____
LOW- AND MODERATE-INCOME: _____
HIGHER THAN LOW AND MODERATE INCOME: _____

	Number of Persons in Your Household			
	1	2	3	4
EXTREMELY LOW-INCOME	\$13,650	\$15,600	\$17,550	\$19,500
LOW-INCOME	\$22,750	\$26,000	\$29,250	\$32,500
LOW- AND MODERATE-INCOME (COMBINED)	\$36,400	\$41,600	\$46,800	\$52,000

	Number of Persons in Your Household			
	5	6	7	8
EXTREMELY LOW-INCOME	\$21,100	\$22,650	\$24,200	\$25,750
LOW-INCOME	\$35,100	\$37,700	\$40,300	\$42,900
LOW- AND MODERATE-INCOME (COMBINED)	\$56,200	\$60,350	\$64,500	\$68,650

Project/ Activity Title:
Big Bear Valley: Therapeutic Recreation Water Sports Instruction
For Disabled Persons-USARC

Case Number: 231-31127/2796

Name/Address of Contract Agency:
United States Adaptive Recreation Center
P.O. Box 2897
Big Bear Lake, CA 92315

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3. Please indicate how you identify yourself by checking **only one** of the following choices:

- | | Hispanic | Non-Hispanic |
|---|--------------------------|--------------------------|
| White | <input type="checkbox"/> | <input type="checkbox"/> |
| Black/African American | <input type="checkbox"/> | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | <input type="checkbox"/> |
| American Indian/Alaskan Native | <input type="checkbox"/> | <input type="checkbox"/> |
| Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> | <input type="checkbox"/> |
| American Indian/Alaskan Native & White | <input type="checkbox"/> | <input type="checkbox"/> |
| Asian & White | <input type="checkbox"/> | <input type="checkbox"/> |
| Black/African American & White | <input type="checkbox"/> | <input type="checkbox"/> |
| American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> | <input type="checkbox"/> |
| Balance/Other | <input type="checkbox"/> | <input type="checkbox"/> |

4. Please check whether you belong to a Female Headed Household: Yes No

5. Please describe the **condition** that would qualify you as being considered in one of the following presumed low- and moderate-income categories: abused child, battered spouse, elderly person, homeless person, disabled adult, illiterate person, or migrant farm worker:
(description) _____

ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SIGNATURE: _____ PHONE: _____

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.

*Taken from 2010 Section 8 Low-Income and Very Low-Income Limits.

PLEASE COMPLETE, THANK YOU.

Participant Name: _____

Lesson Date: _____

Group Name (if applicable) _____