



United States Adaptive Recreation Center

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Dear Volunteer:

Thank you for your interest in teaching with the United States Adaptive Recreation Center (USARC) at Bear Mountain Resort. The USARC has come this far as a result of the hard work of hundreds of people like you. For thirty years, volunteers have played a pivotal role in the success of our program, a program dedicated to the creation of opportunities and the redefinition of "limits". Without you, the selfless volunteer, we could reach only a fraction of those who seek this extraordinary experience.

Junior Volunteers (16- and 17-year-olds) are also welcome (with parent's permission) not just to enable volunteers and/or participants to involve their children, but also to provide an opportunity for school credit, leadership skill development, and an avenue for learning the importance of "giving back" to society.

USARC looks forward to communicating with you using Facebook! **Facebook** is an easy way to talk to other volunteers about teaching, carpooling, etc. so please join at www.facebook.com (search **United States Adaptive Recreation Center**, and become a fan.)

Please read the following qualifications, thoroughly complete the application (front and back), and return it as soon as possible (space is limited). A confirmation indicating your selected clinic will be mailed to you approximately two weeks before clinics begin. If you find that you cannot volunteer for the USARC, please pass the information to an interested friend and consider participating in or volunteering for one of USARC's fundraisers, the **2020 Ski-A-Thon** (Saturday, March 14, 2020) or October's **Peak to Peak Pedal**.

- δ Volunteers must be at least **16 years old**.
- δ Volunteers will be subject to background checks for various felonies or other criminal history.
- δ Volunteers should be at least intermediate skiers. "Intermediate" is defined as skiing basic parallel turns on typical "blue square" rated runs. Comfort and confidence are more important than technical precision!
Snowboarding volunteers are needed, as long as they are willing to **ski too**.
- δ **CLINIC DATES ARE SUBJECT TO CHANGE** We hope the training sessions will occur as scheduled, but please be flexible, and we will apprise you of the situation as it develops.
- δ **NEW VOLUNTEERS** must attend a **free four-day on-snow-training clinic**. The clinics at Bear Mt. Resort are scheduled for **December 12-15, 2019 January 9-12, 2020**, with each clinic commencing on Thursday and concluding on Sunday. Clinic hours are 9:00 a.m. to 4:00 p.m. each day, with a lunch break from 12:00 p.m. to 1:00 p.m. **However, the first day of your clinic will begin with an orientation session so please check in at 7:30 a.m.**
- δ **RETURNING VOLUNTEERS** (who taught six or more days the prior season) need to attend a **two-day refresher clinic**, scheduled on the weekends of the New Volunteer Training sessions and one during the week. The clinics are **December 9 & 10, 2019, December 14 & 15, 2019 and January 11 & 12, 2020**. If you want to teach during the early season you must attend the December clinic, with the exception of PSIA-certified volunteers (certification is **HIGHLY** recommended, for many reasons), who may teach before training clinics. The first training day of your session will focus on ATS and the technique you taught most during last season (not always that in which you trained.) The second day features a second day of review or, ability permitting, a one-day accelerated clinic in a new technique. In the technique(s) in which you are experienced, you will play a mentor role with new volunteers. **Clinics will be limited in size** to ensure you get the most of your time.
- δ Volunteers are required to sign up for and **teach at least six midweek days, INCLUDING AT LEAST ONE DAY IN MARCH** (you are welcome and encouraged to teach more) **between January 13 and March 20, 2020**. With a limit to the number of instructors needed each day, **those attending the December clinic will have a better selection** of days for which they can sign up. **While we need volunteers during December, the priority is our groups in January, February, and March.**
- δ Volunteers are **required to provide a pair of short "teaching" skis**. The USARC may have information on where to obtain a limited number of these skis (usually old rental skis) at discounted prices, the details of which will be contained in your confirmation, or you can often obtain them (sometimes at no charge) from your local ski shop. Due to insufficient edge hold, these are not to be the very short "Big Foot", "Scorpion", or "Snow Blade" style skis. Returning and certified volunteers interested in Pro Purchase prices on **VOLKL** skis, **TECNICA** boots or **MARKER** bindings, please contact Tom Peirce.
- δ Volunteer hours can fulfill some requirements for universities, continuing education programs, or community service programs. The California Board of Park and Recreation Certification (CBRPC) has authorized **the USARC as a placement agency for fieldwork or internship students in recreation therapy. Please let us know if you are obtaining credit for your volunteer time.**

We look forward to meeting you and having you join us for a memorable winter. Thank you in advance for the difference you will make. If you have questions regarding any of the above or other areas, please call (909) 584-0269. Pray for snow!

Please print legibly and fill out/update information form completely!

Name:	Date of Birth:
Mailing Address:	Occupation:
City:	Place of Employment:
State:	T-shirt Size: XS S M L XL XXL
Zip:	Hat Size: S/M/ L
County (ie: LA, Orange, San Bernardino):	Emergency Contact:
Home phone:	Phone #(s):
Work phone:	Emergency Contact:
Cell phone:	Phone #(s):
E-mail:	I am interested in carpooling: Yes ___ No ___

I authorize the release of my information to others that are interested in carpooling: _____ initials
 I have taught with USARC the following winters (example: 93/94 as '94, etc.) _____
 I have been trained in the following adaptive techniques: _____
 Which technique will you be reviewing on your first day of training? _____
 What clubs, organizations, ski clubs or other groups have you volunteered with or belonged to in the past five years?

 Excluding the United States Adaptive Recreation Center, list any experience you have had working with the disabled?

References (not a family member or relative) or supervisors, especially if applicable to the preceding two questions:
 Reference #1: _____ Relationship: _____ Phone: _____
 Reference #2: _____ Relationship: _____ Phone: _____
 If you have a disability that may relate to your skiing or teaching ability please elaborate: _____

Please rate your skiing ability or background (intermediate, advanced, expert) _____
 Please rate your snowboarding ability or background (n/a, beginner, intermediate, advanced) _____
 If you have ever taught skiing or snowboarding, where was it and when? _____
 Are you certified by PSIA? Yes ___ No ___ If yes, PSIA membership #, level, and technique: _____
 I am interested in becoming PSIA certified? Yes ___ No ___
 I am volunteering to fulfill university, continuing education, or community service requirements: Yes ___ No ___
 If yes, list organization: _____ Supervisor: _____ Phone: _____
 I speak the following foreign language(s) (Spanish, sign, etc.) conversationally: _____
 Please list any of your skills, contacts, experience, etc. that you would like to share and which may benefit USARC:

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes ___ No ___
 If yes, please explain: _____

Volunteers will be subject to background checks for various felonies or other criminal history.
 The ideal gift at the party would be (hat, shirt, mug, etc.) Remember, Majority rules! _____
 How did you hear about the USARC program? _____
 See letter for requirements and circle the training clinic you will attend (space is limited and filled in order of applications received):

RETURNING VOLUNTEERS*
 Clinic #1- December ; & 12, 201;
 Clinic #2- December 16 & 17, 201;
 Clinic #3- January 13 & 14, 2042

NEW VOLUNTEERS
 Clinic #4- December 14-17, 201;
 Clinic #5- January ; -14, 2042

****Clinic dates are subject to change****

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 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, United States Adaptive Recreation Center, 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 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 any Disabled Sports USA/ United States Adaptive Recreation Center 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.

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 California and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in San Bernardino County, CA; (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

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