

VOLUNTEER REGISTRATION



When are you available to volunteer? Please circle **mon tues weds thurs fri sat sun school holidays**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Age _____

Occupation: _____

Employer: _____

Nickname you go by: _____

Do you have any Therapeutic Recreation /Disabled Sports /Skiing /Event Planning Experience? _____

If yes, please explain: _____

Do you have any experience teaching? Yes No If yes, what, when, and how long?

Special professional training, certification (i.e. CPR, First Aid, PSIA) skills hobbies:

Have you volunteered with Challenge in the past? Yes No If yes, when and for how long?

Are you interested in committing 160 lead teaching hours to earn a season pass with us this season? Y / N

Are you interested in committing 70 hours and purchasing your own season pass for 30% off? Y / N

Please circle any of the following that you have experience teaching:

3Track	4 Track	Developmentally Disabled	Visually Impaired	Mono Ski	Bi Ski	Tether
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Are you an Alpine Skier?/ Ability: _____

Are you a Tele Skier?/ Ability: _____

Are you a Snowboarder? / Ability: _____

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Do you have any relatives that receive services or volunteer through Challenge Alaska: Yes No

If yes, name: _____

Community Affiliations: _____

Previous volunteer experience: _____

Do you have any experience working with people with disabilities (i.e. family, friends, work, volunteer, etc)?

Yes No If yes, please describe: _____

Have you ever been charged with neglect, abuse, or assault? Yes No

Have you ever been convicted of a criminal offense: Yes No If yes, describe in full:

Have you ever been refused participation in any other volunteer capacity: Yes No

If yes, please explain: _____

How did you hear about Challenge Alaska?: _____

Do you have any physical or medical conditions that you would like us to be aware of? Yes No

If yes, list: _____

In the event of an emergency, who would you like us to contact:

Name: _____ **Relationship:** _____

Home Phone: _____

Work Phone: _____ **Cell Phone:** _____

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As a condition of volunteering, I give permission for Challenge Alaska to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon Challenge Alaska receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Challenge Alaska, the officers, employees, and volunteers thereof, or any persons of the organization that may provide such information. I also understand that, regardless of previous appointments, Challenge Alaska is not obligated to appoint me to a volunteer position. The relationship between Challenge Alaska and volunteers is an "At Will" arrangement and may be terminated at any time by the volunteer or Challenge Alaska. All information provided to Challenge Alaska through the course of your volunteer experience will remain confidential. Challenge Alaska will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.

A completed background check is required prior to being a lead instructor. Please see the attached form and go online to complete it.

I have received a copy of the **Volunteer Confidentiality Agreement** and THIS AGREEMENT is made as of _____ between Challenge Alaska and the undersigned volunteer ("Volunteer"). The parties acknowledge all of the contained therein.

Applicant Signature: _____ Date: _____

Applicant Name (Printed): _____

Please return to:

Challenge Alaska Adaptive Ski & Snowboard School

PO Box 1166

Girdwood, AK 99587

Fax: (907) 783-3207

Email: ski@challengealaska.org



LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT

THIS RELEASE AND INDEMNITY APPLIES TO EACH AND EVERY EVENT / RACE / ON HILL TRAINING PROGRAM AT ALYESKA RESORT FOR THE 2018-2019 SKI SEASON

NAME OF PARTICIPANT: _____ AGE: _____
(Please print)
ADDRESS: _____ CITY: _____ STATE: _____ (ZIP) _____
PHONE #: _____ EMail: _____

PLEASE READ CAREFULLY * THIS AGREEMENT LIMITS OUR LIABILITY

If participant is under 18 years of age, participant’s parent or legal guardian must initial and sign.

I affirm I am physically fit to participate. I release and discharge Alyeska Resort Management Company and Alyeska Ski Resort L.L.C., jointly, doing business as “Alyeska Resort”, their owners, parents, affiliated and subsidiary organizations, together with all of their respective shareholders, directors, officers, employees, volunteers and agents (the released parties) from any and all claims, demands, actions and causes of actions, whether for property damage, personal injury, or death, arising from my participation in any aspect of any and all events scheduled to be held at or near Alyeska Resort.

Participant’s initials: _____ Parent or Guardian Initials: _____

RELEASE OF LIABILITY: I hereby release Alyeska Resort Management Company and Alyeska Ski Resort L.L.C., jointly, doing business as “Alyeska Resort”, their owners, parents, affiliated and subsidiary organizations, together with all of their respective shareholders, directors, officers, employees, volunteers and agents (the released parties), from any and all claims, liability, or causes of action of any kind, whether known or unknown, whether based on **negligence** or otherwise, for property damage, personal injury, or death, arising from or related to the participant’s participation in any and all events scheduled to be held at or near Alyeska Resort. **I understand and agree that I may be participating in an event which will include aerials, jumps, inverted aerials, back flips, twists and turns. I understand that these maneuvers are inherently dangerous and risky and could result in my serious injury or death. I accept this risk and understand the consequences of my actions.**

Participant’s initials: _____ Parent or Guardian Initials: _____

INDEMNIFICATION: I hereby agree to indemnify, defend and hold harmless, Alyeska Resort Management Company and Alyeska Ski Resort L.L.C., jointly, doing business as “Alyeska Resort”, their owners, parents, affiliated subsidiary organizations, together with all of their respective shareholders, directors, officers, employees, volunteers and agents (the released parties), against any claim, liability, or cause of action of any kind, whether known or unknown, whether based on **negligence** or otherwise, for property damage, personal injury or death, made against the indemnified parties and arising from or related to the participant’s participation in any and all or competitive events at or near Alyeska Resort. I accept full responsibility for all medical expenses arising from or related to the participant’s participation in any and all events at or near Alyeska Resort.

Participant’s initials: _____ Parent or Guardian Initials: _____

COVENANT NOT TO SUE: I hereby covenant and agree I will never bring, authorize to be brought, or otherwise participate in any claim, suit, or cause of action of any kind, whether known or unknown, whether based on **negligence** or otherwise, for property damage, personal injury, or death, against Alyeska Resort Management Company and Alyeska Ski Resort L.L.C., jointly, doing business as “Alyeska Resort”, their owners, parents, affiliated and subsidiary organizations, together with all of their respective shareholders, directors, officers, employees, volunteers and agents (the covenantees), arising from or related to the participant’s participation in any and all events at or near Alyeska Resort.

I HAVE READ THE ASSUMPTION OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION AND COVENANT NOT TO SUE. I UNDERSTAND AND AGREE TO THE PROVISIONS.

Date _____ Participant’s Signature: _____ Parent or Guardian Signature: _____

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 , Challenge Alaska 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 Challenge Alaska 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 AK and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Municipality of Anchorage County, AK; 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