

2019-2020

CHALLENGE ALASKA PARTICIPANT INFORMATION FORM

Name: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: Home \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Shoe Size: \_\_\_\_\_  
School Group: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mailing Address (if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: Home: \_\_\_\_\_ **Emergency:** \_\_\_\_\_  
Current Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**DISABILITY (Required Fields\*):**

**Describe your disability\*:** \_\_\_\_\_

**Medications\*:** \_\_\_\_\_

**Check any that Apply:**

\_\_\_ Seizures: Date of last seizure: \_\_\_\_\_ Type: \_\_\_\_\_  
\_\_\_ Allergies: Please List: \_\_\_\_\_  
\_\_\_ Bladder or Bowel Adaptations: Type: \_\_\_\_\_  
\_\_\_ Shunt \_\_\_\_\_ Poor Circulation in limbs  
\_\_\_ Diabetes \_\_\_\_\_ Cardiovascular Problems  
\_\_\_ Visual Loss \_\_\_\_\_ Endurance: Decreases with activity  
\_\_\_ Sensory Loss \_\_\_\_\_ Communication Difficulties  
\_\_\_ Respiratory Problems \_\_\_\_\_ Harrington Rods

**Behavior and General Attitudes:**

(1.) Normal (2.) Mild – Infrequently (3.) Moderate – Frequently (4.) Severe – Constantly

\_\_\_ Frustration Tolerance \_\_\_\_\_ Problem Solving  
\_\_\_ Hostility \_\_\_\_\_ Slowness of Speech  
\_\_\_ Confusion \_\_\_\_\_ Spatial Disorientation  
\_\_\_ Anxiety \_\_\_\_\_ Temper  
\_\_\_ Distractibility \_\_\_\_\_ Ability to Self-Correct

Provide any additional information to help achieve your skiing goals:

\_\_\_\_\_

# Challenge Alaska Rental Agreement

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

Shoe Size	Height	Weight	Age	Skier Type	I-	I	II	III	III+
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*Please ensure height and weight information are accurate, this determines how we set the skis and is VERY IMPORTANT!**

## FOR SHOP USE ONLY

	Length	Visual Indicator Settings		Skier Code
Boots		LT	RT	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
Skis		LH	RH	

Technicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Rental and Liability Release Agreement: Please read carefully before signing**

1. I accept for use as in the equipment listed on this form, and accept full responsibility for the care of the equipment while it is in my possession.
2. I will be responsible for the replacement, at full retail value, of any equipment rented from Challenge Alaska, but not returned to Challenge Alaska in or damaged beyond repair.
3. I agree to return all rental equipment to this location by the agreed date in clean and operable condition to avoid any additional charges, and to pay full price for any damage to the equipment
4. I have received instruction on the use of this equipment and fully understand its use and function.
5. I have not misrepresented my height, weight, age, or skier type or ability to Challenge Alaska.
6. I verify that the visual indicator settings recorded on this form agree with the numbers appearing in the visual indicator windows of the equipment listed on this form.
7. **I understand that there are inherent and other risks and dangers involved in the sport of skiing, that injuries are a common and ordinary occurrence of this sport, and I freely and voluntarily assume all those risks, and any injuries, whether minor or fatal, that occur during my participation.**
8. **I understand that the ski-boot-binding system which I am renting will not release at all times nor under all circumstances, and may release prematurely, which may result in injury or death. It is not possible to predict every situation in which it will release, and it is, therefore, no guarantee of safety.**
9. I agree to release, hold harmless, indemnify and defend any Challenge Alaska, affiliated and subsidiary organizations, together with all of their respective shareholders, directors, officers, board members, employees, volunteers and agents from any and all loss and damage including any that result from claims of property damage, personal injury, or death caused in any way by the manufacture, marketing, sales, rental, selection, installation, maintenance, adjustment, use or misuse of this equipment, and for any claim based upon negligence, breach of warranty, strict liability, contract, or other legal theory, accepting myself the full and sole responsibility for any and all such damage, injury or death which may result.
10. I am aware that Challenge Alaska offers instruction and education on the inherent danger and risk of skiing, and the duties imposed on skiers under the Alaska Ski Safety Act. For more information, ask any shop attendant.
11. This agreement is governed by the laws of the State of Alaska. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

**Skier Signature (Guardian if under 18)** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Snowboard Rental Form

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Local Phone No. \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

**CIRCLE ONE:**

**Regular (left foot forward)**

**Goofy (right foot forward)**

**Don't Know**

**Ability: CIRCLE ONE**

**Beginner**

**Intermediate**

**Advanced**

## SHOP USE ONLY

**Board Length:** \_\_\_\_\_ **cm**

**Boot Size:** \_\_\_\_\_

**Circle one: Regular Goofy**

**Stance Degrees:** \_\_\_\_\_

**Comments:**

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**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 2019-2020 SKI SEASON**

NAME OF PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (Please print) 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 Operations Limited Partnership, 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 Operations Limited Partnership, 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 or competition 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 Operations Limited Partnership, 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 events or competitions 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 Operations Limited Partnership, 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 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, Challenge Alaska, 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 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 any Disabled Sports USA/ Challenge Alaska 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 Alaska and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Municipality of Anchorage County, AK; (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.**

<b>Participant's Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

**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.

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

## Disabled Sports USA Media Release Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. "Released Parties" include Disabled Sports USA, Challenge Alaska 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.

### 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.

<b>Participant's Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

### 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.

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

# Challenge Alaska Scholarship Request Form

Name		Date
Street Address		
City		
State		
Zip code		
Phone		
Email		

Program you are requesting a scholarship for	
Cost \$	
Amount of Scholarship you are requesting \$	
Reason	

## For Staff Completion Only

Date Met with Challenge Alaska Staff	
Staff notes	
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Staff Signature	
Executive Directors Signature	

**PLEASE COMPLETE THIS FORM IT IS IMPORTANT!**

You are participating in Challenge Alaska Programs at a subsidized rate. We need the information provided on this form to keep the cost to you as low as possible. Failure to complete this form may result in denial of participation. This form does not require your name and will not be connected to you.

Age: \_\_\_\_\_

Gender: Male Female (circle one)

Ethnicity: Caucasian	_____	Family Income: Under \$29,000	_____
African American	_____	29,601-47,360	_____
Hispanic	_____	46,361-60,384	_____
Asian	_____	Above 60,384	_____
Pacific Islander	_____	Unknown	_____
Alaska Native	_____		
Multi-Ethnic	_____		
Other	_____ (write in)		
Unknown	_____		

Location of Residence: Anchorage \_\_\_\_\_  
Alaska outside Anchorage \_\_\_\_\_  
State other than Alaska \_\_\_\_\_  
Outside the U.S. \_\_\_\_\_

Disability (mark all that apply):

Developmentally Disabled	_____	Alzheimers/Dementia	_____
Physically Disabled	_____	Traumatic Brain Injury	_____
Visually Impaired	_____	Mental Illness	_____
Hearing Impaired	_____	Other	_____