



## RETURNING VOLUNTEER REGISTRATION

*Please fill out what information, if any, has changed.*

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Call or  Text

Secondary Phone: \_\_\_\_\_  Call or  Text

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

Today's Date: \_\_\_\_\_ Are you over 18? \_\_\_\_\_

----- Please be sure to let us know the following -----

Are you interested in earning a season pass (175 hours commitment)? Y / N

Are you PSIA/AASI certified? : \_\_\_\_\_

What days of the week can you volunteer? \_\_\_\_\_

How long have you volunteered with Challenge? \_\_\_\_\_

Can you tether a sit-skier? \_\_\_\_\_

What is your discipline? SKI / SNOWBOARD / TELE

Whom is your emergency contact? \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

## Volunteer Agreement

### **Voucher - \$10 Transferable Day Pass at Alyeska Resort**

Each time a volunteer teaches a lesson or participates in our training their hours are recorded for use towards discounted ski tickets. A half day equals 4 hours credit and a full day equals 8 hours credit. For every 8 hours of volunteering, they have earned a voucher. New volunteers must accrue 32 hours of volunteering before receiving their vouchers. Vouchers are obtainable from the ski school staff. A few more notes on Challenge Alaska vouchers:

- Please try to avoid making requests for vouchers during busy operational hours (10am to 1pm).
- Instructors can redeem more than one voucher at a time.
- Ski tickets bought with Challenge Alaska vouchers can be distributed to friends and family but **can not be sold for profit or bartered!**

### **Season Pass - 175 Hours of volunteering (teaching and training)**

A season pass is a strong commitment of volunteering from Mid-December to Early-April; 175 hours equates to about 4 half day lessons per week throughout the entire season. There are a few additional responsibilities outlined in the *Challenge Season Pass Agreement* to be signed and understood by every pass holder. New volunteers who are interested in a season pass must complete 32 hours of teaching before a pass may be issued. Please contact Challenge Staff if you are interested in a Challenge Season Pass.

Volunteer for Vouchers

or

Volunteer for Season Pass

(Circle one of the above)

**I** have read, understand, and agree with policies and procedures as written in the Challenge Alaska Adaptive Ski School manual. I agree to fulfill the commitment for the volunteer position I have taken. To the best of my abilities I will keep the safety and well being of participants in mind and represent Challenge Alaska professionally while instructing and recreating at Alyeska Resort.

I \_\_\_\_\_ commit to volunteer my time towards

(Instructor name)

Challenge Alaska for the 2019-2020 season.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Ski School Director Signature \_\_\_\_\_ Date \_\_\_\_\_



**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: \_\_\_\_\_  
(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 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>