

MICHIGAN ADAPTIVE SPORTS

Adaptive Snow Ski Clinics - 2007-2008

REGISTRATION FORM FOR PARTICIPANTS (PLEASE PRINT CLEARLY)

NAME _____ SEX _____ AGE _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (day) (_____) _____ (eve) (_____) _____ (cell) _____

EMAIL ADDRESS _____

EMERGENCY CONTACT: NAME _____ PHONE (_____) _____

DISABILITY _____ # YEARS SINCE ONSET _____

DESCRIPTION OF IMPAIRMENT(S)/LEVEL OF INJURY/MOVEMENT LIMITATIONS/COGNITIVE
OR SENSORY INVOLVEMENT (please be specific) _____

ON A DAILY BASIS DO YOU...	_____	WALK INDEPENDENTLY	_____
USE CRUTCHES/WALKER	_____	WALK WITH SHORT/LONG BRACES	_____
USE A MANUAL WHEELCHAIR	_____	USE LEFT/RIGHT/BOTH ARMS IN FUNCTION	_____
USE AN ELECTRIC WHEELCHAIR	_____	USE A NECK SUPPORT OR HEAD REST	_____

INDICATE YOUR HEIGHT _____ WEIGHT _____ NEEDS EQUIPMENT? _____

SKIING DISCIPLINE (IF KNOWN):

TWO TRACK/FOUR	_____	TRACK THREE TRACK	_____
BI SKI	_____	MONO SKI	_____
VISUALLY IMPAIRED	_____	DEVELOPMENTALLY DELAYED	_____

SKIING LEVEL:

NEVER SKIED BEFORE	_____	BEGINNER	_____
INTERMEDIATE	_____	ADVANCED/INDEPENDENT	_____

(PLEASE SEE REVERSE SIDE)

MAS & DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM
 Please note: there are two places on this sheet that require a signature

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in MICHIGAN ADAPTIVE SPORTS or DISABLED SPORTS USA's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise MICHIGAN ADAPTIVE SPORTS or DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue MICHIGAN ADAPTIVE SPORTS, DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
 Participant's Name (PLEASE PRINT CLEARLY) Signature Date

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
 Parent's Signature & Emergency Phone Name & Date

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Michigan Adaptive Sports or Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this MAS or DS/USA event. I further agree that MAS or DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
 Signature Date