

**ADAPTIVE SKI PROGRAM**  
505.995.9858

**2007/2008 Volunteer Renewal Form**

Please complete and mail or e-mail application to the location where you wish to volunteer.

Sandia Peak Coordinators  
John Renna & Jackie Addis  
7 Falcon Court  
Tijeras, NM 87059  
[jjrenna@peoplepc.com](mailto:jjrenna@peoplepc.com)  
(505) 281-9292

Ski Santa Fe Coordinator  
Henry Summa  
115 Coyote Ridge  
Santa Fe, NM 87507  
[hsumma2007@gmail.com](mailto:hsumma2007@gmail.com)  
(505) 438.9200

Name: I would like to volunteer at:  Sandia  Santa Fe

I would like to volunteer on:  Thursday-(SF only)  Friday-(Sandia Only)  Saturday  Sunday  
 Whenever needed the most.

EMAIL:

List any changes from last year below. If no changes, please check here:

Address: City: State: ZIP:

Phones: (H): (W): (C): Please circle best contact number

Can we publish your contact information in the ASP directory?  YES  NO

**TEACHING METHODS – CHECK ALL THAT APPLY**

4-TRACK  3-TRACK  MONO-SKI  BI-SKI  COGNITIVE  DEAF  BLIND  SNOWBOARDING

**Mono Ski Instructors**  Lead Instructor  Light Lead Skills  Booter Only

**Bi Ski Instructors**  Lead Instructor  Light Tethering  Booter Only

What equipment do you have experience teaching with?

Note any limitations, such as student weight, time in lead role or personal injuries, that affect your ability to teach:

Note any of the above disciplines that would like training or additional training in:

Check if you can lead an instructional clinic for other instructors in your discipline(s):

Would you like to teach private lessons in December and/or March:  YES  NO

If you want a student(s) from last season, please provide their name(s):

How many years have you *completed* with the ASP?

Do you have an ASP instructor jacket?

Anything additional that you would like to share:

THANKS!!!  
WE SIMPLY COULD NOT DO IT WITHOUT YOU!

## **ADAPTIVE SKI PROGRAM AND DISABLED SPORTS USA (DSUSA) 2007/2008 INSURANCE WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in DISABLED SPORTS USA'S programs, related events, and activities, as well as those of THE ADAPTIVE SKI PROGRAM, **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 DSUS and the ADAPTIVE SKI PROGRAM of such condition(s) and refuse to participate.
2. Acknowledge and fully understand 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 & accept personal responsibility for damages following injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue **DISABLED SPORTS USA, THE ADAPTIVE SKI PROGRAM**, 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 "releasees", 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 releasee or otherwise.
4. Consent that information pertaining to my involvement in the ADAPTIVE SKI PROGRAM can be used for research purposes. I understand that this information will only be used in the aggregate and that I will not be personally identified by any means such as name, social security number, or other personal linkages.
5. Photographs or general information may be published in, or used by, the media (newspapers, magazines, tv, brochures, reports, etc.) without liability on the part of the ADAPTIVE SKI PROGRAM, the program sponsors and their agents and employees.
6. I have been advised by the Adaptive Ski Program that helmet use is recommended during my participation or the participation of the skier in which I am the parent or legal guardian. The Adaptive Ski Program has offered to provide me with a helmet for my use during program events. **I have further reviewed the attached National Ski Areas Association information** concerning the use of helmets and further understand that the risks that helmets may help are greater risks in some circumstances for adaptive skiers, particularly those who use adaptive equipment as part of their ski experience. Understanding that a helmet will be provided for my use, at any time, I hereby waive any claim that I might have against the Adaptive Ski Program on account of my decision to use or not use a helmet while skiing.

**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.**

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Volunteer Name

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Signature

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Date