



Let no one sit on the sidelines.....or the slopes!

Sunday, February 12th – Tuesday, February 14th, 2016

Skiable is Returning to ARIZONA SNOWBOWL

Flagstaff, Arizona

The SkiAble Adaptive Alpine Experience is a multi-day event in the mountains of Arizona for individuals with a permanent physical disability.

This cooperative program provides an opportunity for beginner, intermediate and advanced skiers. Athletes include, but are not limited to, those with amputations, cerebral palsy, muscular dystrophy, multiple sclerosis, spina bifida, spinal cord injuries, traumatic brain injuries and visual impairments. Athletes may be ambulatory or use mobility devices such as prosthetics, manual and power wheelchairs.

Registration Fee:

Full day:	9:00am – 4:00pm
Half day:	1:00pm – 4:00pm
Adult (18 – 64)	Full - \$100, Half - \$80
Teen (13 – 17)	Full - \$85, Half - \$65
Child (6 – 12)	Full - \$70, Half - \$50
Senior (65 & over)	Full - \$70, Half - \$50



Half-day lessons: Sunday AM or PM session offered; Monday/Tuesday only PM sessions offered.

Prices include: Full day lesson, one day lift ticket, all adaptive equipment and instruction.

Limited number of spaces available. One full-day lesson per person. Additional full-day lessons will be considered depending on the space available at registration deadline on **Friday, January 20th, 2017**. Contact AzDS to sign-up for the additional day wait list. Registration refunds will be offered if requested prior to the registration deadline of Friday, January 20th, 2017.

Recommended hotel/lodging:

Holiday Inn Express – 2320 E. Lucky Lane, Flagstaff, Arizona 86004 (rates vary depending on room)
(928) 714-1000 – hiflagstaff.com

Transportation:

Each participant is responsible for their own transportation to/from the mountain. Unfortunately, the complimentary shuttle through Arizona Spinal Cord Injury Association is no longer available for this event.

Meals:

A full-day lesson will include a break from 12:00pm-1:00pm for lunch. Individuals are responsible for their own meals. Arizona Snowbowl typically offers a wide variety of options in the lodge.

Please send registration & payment to:

Arizona Disabled Sports, Attn: SkiAble
59 E. Broadway Rd, Mesa, AZ 85210
480.835.6273 Office / Nina@arizonadisabledsports.com

Online registration available at WWW.ARIZONADISABLEDSPORTS.COM under the Annual Special Events tab.



Arizona SkiAble Application & Medical Form

The following information assists the instructors in maintaining a risk-managed environment. Please complete this form as accurately and truthfully as possible. This information will be kept confidential.

<p>Ski Date Preference: (preferences based on availability)</p> <p><input type="checkbox"/> Sunday, February 12</p> <p><input type="checkbox"/> Monday, February 13</p> <p><input type="checkbox"/> Tuesday, February 14</p>	<p><input type="checkbox"/> ½ day AM 9:00am – 12:00pm</p> <p><input type="checkbox"/> ½ day PM 1:00pm – 4:00pm</p> <p><input type="checkbox"/> Full Day 9:00am – 4:00pm</p>
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PERSONAL INFORMATION

First Name _____ Last Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Cell Phone _____

Email _____ Age _____ DOB ____/____/____ Gender M F

Are you a United States Veteran or current member of the military? YES NO

If yes, please indicate the military branch: _____ Date of Injury: _____

**Contact AzDS for information about the scholarship opportunities available for veterans.*

Emergency Contact _____ Relationship _____

Cell Phone _____

SKI INFORMATION

Due to the nature of adaptive ski equipment and to help ensure the safety of all of our participants and volunteers there is a **200 lb weight limit** for all students who use sit down equipment.

Have you skied before? YES NO If yes, when, where and with what program and equipment?

Ability Level: Beginner Intermediate Advanced Expert

Ski Method Desired (if known): Mono-ski Bi-ski 3-Track 4-Track 2-Track

VI Guide Snowboard Ski Bike

Medical History (fill in or circle as appropriate)

A physician’s approval to participate is not required. You are strongly encouraged to consult your physician if you have any concerns or questions regarding your ability to participate in an outdoor experiential program. The staff will be happy to answer any questions that you or your physician have concerning activities and/or adaptations. A Sports Physical is required prior to participation in the event.

Medical Diagnosis / Disability (BE SPECIFIC)

Height _____ Weight _____ Shoe Size _____

Do you use any mobility devices? YES NO If yes, what type? _____

Do you have seizures? YES NO If yes, what type and frequency? _____

Medications: _____

Allergies: _____

Please list any illnesses, injuries, or surgeries within the last year: _____

Are there any other conditions or concerns not listed above? Please explain: _____

Local Contact Information during event (if applicable)

Lodging _____ (Home, Friend’s house, local hotel/motel)

Required to complete registration:

- Registration form
- Signed Waiver – DSUSA/AZDS and BOEC
- Payment

Enclosed amount: _____ Check # _____ Online: Yes No

**Breckenridge Outdoor Education Center
Acknowledgement of Pre-Existing Injury**

I _____, acknowledge that I am skiing with a pre-existing condition of _____ . I realize that there are inherent risks involved in adaptive skiing and will not hold the BOEC responsible for any injury.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Arizona Disabled Sports
Athlete Participation Sports Physical Exam

Name: _____ Age: _____ Sex: M F

Address: _____

Sports: _____ Disability: _____

Family Physician: _____ Phone: _____

HT: _____ WT: _____ BP: _____

General:

Region Examined	Satisfactory			Comments
	Yes	No	Not Examined	
Eyes				
ENT				
Dental				
Chest				
Heart				
Abdomen				
Genitalia				
Skin				
Ortho				
Neuro				
Flex/Strength				

Follow-up recommendations: _____

Sports Participation approved: Yes No Restricted _____

Limitations: _____

Physician's Signature: _____ Date: _____

Name of Physician's Practice: _____ Phone: _____

Note: This form is to be completed by a Physician, Physician Assistant or Nurse Practitioner.

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 , MESA Association of Sports for the Disabled dba Arizona Disabled Sports 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 MESA Association of Sports for the Disabled dba Arizona Disabled Sports 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 AZ and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Maricopa County, AZ; 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

Breckenridge Outdoor Education Center
Acknowledgement of Risk and Release of Liability Form
Signatures Required (Both Sides)

We, the staff of Breckenridge Outdoor Education Center (BOEC), look forward to having you, your child or your family member join us for a program experience on the ski slopes, at our Breckenridge campus and/or in one of our "wilderness" venues. On these two pages, you will find important information about BOEC, our activities and the potential risks involved in participation. Please read this information carefully, ask us any questions you might have and do not sign this agreement if you do not want to be exposed to these activities and potential risks!

BOEC is a non-profit organization that has been in operation since 1976, providing outdoor adventure programs for people of all ages and abilities.** We offer activities and programs for groups and individuals throughout the year. BOEC strives to structure its activities to address the specific goals and abilities of its students.

All activities conducted by BOEC are consistent with the standards set out by the Association for Experiential Education (AEE) and the Professional Ski Instructors Association (PSIA). You can be confident in knowing that BOEC is accredited by AEE, an outside, independent organization that has reviewed and approved BOEC's policies, practices and educational components. The AEE only accredits those programs that meet its standards.

Please know that participation in BOEC activities involves risk. These risks will be greater than most people encounter in their daily lives, which is what BOEC is all about. Providing high quality programs in a risk-managed environment is a priority at BOEC, however, we cannot eliminate all risks in adventure activities such as snow skiing or boarding, rafting, rock climbing or most of the activities that we do. These activities can cause injury and even serious injury. As with any outdoor adventure, under rare circumstances, the activity can even result in death.

It is of utmost importance to us that you not engage in activities that are opposed by you, your family, or your doctor due to illness, physical or mental infirmity, or any other health/medical condition that you may have, whether diagnosed or undiagnosed.

To help us try to manage these risks it is very important that all program participants follow all directions given by BOEC staff. Please ask questions whenever a procedure or activity is unclear to you. If a program participant currently is taking prescription medications, including medical marijuana or other alternative therapies, it is imperative that these medications be disclosed in the confidential medical form. Use of or being under the influence of alcohol or judgment affecting drugs while participating in adventure activities is unsafe and strictly prohibited.

We believe that it is in everyone's interest that risks are disclosed, understood, and accepted prior to participation at BOEC. After you have reviewed both sides of this Acknowledgement of Risk and Release of Liability Form and if you understand and agree with its contents, please sign and initial in the designated places on both pages. If you are the parent or legal guardian of a student, again please read both sides of this form and if you both agree and understand their content, place YOUR signature and initials in the designated places on both pages.

If you have any questions or comments about this Release or the level of risk at BOEC, please do not hesitate to contact us. We welcome your questions, suggestions and feedback.

Sincerely,

The BOEC Staff

I have read the above information
Participant or Parent/Guardian _____ **(initial)**

** BOEC is not owned or controlled by Breckenridge Ski Resort, Keystone Ski Resort or the Town of Breckenridge.

Emergency Medical Treatment and Photo Release

I. Permission to obtain medical treatment on my behalf _____ **Agree (initial)**

I, or the person for whom I am the legal guardian, hereby give permission for BOEC Program Staff to render first-aid and to seek emergency medical or rescue services as they see fit, and at my cost. (Please note: We recommend that all BOEC participants be covered by personal health insurance. If medical care for injury, pre-existing condition or any other reason is required during a BOEC course, the participant's personal health insurance will be primary).

II. Permission to take and display images _____ **Agree (initial)**

I, or the person for whom I am the legal guardian, hereby give permission to BOEC, and any person designated by BOEC, to make photographs and other recordings of myself, and I consent to publishing and/or displaying of such recordings as BOEC deems fit for the sole purpose of promotion of BOEC.

Breckenridge Outdoor Education Center
Acknowledgement of Risk and Release of Liability Form
Signatures Required (Both Sides)

My signature below represents that I, as a participant or as the parent of a minor participant or as the legal guardian of a participant, (hereinafter, collectively, "I") have read and understand the contents of this release. In consideration for being allowed to participate in Breckenridge Outdoor Education Center (BOEC) programs, and related events and activities, or serve as staff or volunteer for the same, I hereby understand and agree to the following:

1. I understand that although BOEC has taken precautions to provide proper organization, supervision, instruction and equipment for each activity, it is impossible for BOEC to guarantee absolute safety.
2. I understand that I share the responsibility for safety during all activities, and I accept that responsibility. I will make my instructors aware of any questions or concerns I might have regarding safety standards, guidelines, procedures and my ability to participate in an activity.
3. I understand that participation in outdoor programs involves risk. The following is a partial list of the potential risks associated with the activities at BOEC. This list does not include all inherent risks but serves to provide examples and promote an understanding of the risks, any of which could result in injury, mental stress, permanent disability, or even death.
 - Complications associated with exposure to weather (including extreme cold, wet or icy conditions, heat, sun, lightning), altitude and physical exertion
 - Perils and hazards arising from unintended contact with others, including participants and members of the general public
 - Perils and hazards arising from unintended contact with both natural features such as rocks, trees, plants and animals, as well as man-made features such as posts and equipment
 - Perils and hazards arising from equipment failure or malfunction
 - Increased risk of harm due to delays in the delivery of emergency medical services in remote locations or due to reasons beyond BOEC's control
4. I understand that in addition to the risks inherent in all activities at BOEC, more specific risks accompany each type of activity. For example, skiing, snowboarding and other snow-based activities expose participants to slips, falls and collisions with trees, obstacles and other parties. Rafting, canoeing, kayaking and other water based activities expose participants to drowning or other complications associated with immersion in water and cold water, falling into water and/or swimming in turbulent water, becoming pinned or entrapped by items or obstacles in/on the water, colliding with rocks, boats and other items in the water, and falling while entering or exiting any boats. Biking, climbing, ropes course and other land based activities expose participants to falls from heights and obstacles, high speeds and sudden stops, trauma resulting from being fully supported in a harness for an extended period, collisions, and opportunities to become lost.
5. I understand that I have the right to inspect the facilities and equipment to be used, and to observe a lesson or program, and that if I believe anything is unsafe, it is my responsibility to immediately advise BOEC staff of such condition and refuse to participate.
6. I assume all the foregoing risks, as well as similar unforeseen risks, and accept personal responsibility for the damages due to such injury, permanent disability or death resulting from participating in any BOEC activity.
7. Should I have a disagreement or dispute with BOEC about this Release, the charges, the activities, any injury I may receive or any other aspect of BOEC, I agree that any action to resolve or redress such disagreement or dispute will be brought in Summit County, Colorado and governed by Colorado law.

I hereby release BOEC, its successors, representatives, assigns, Board of Directors, volunteers, employees, officers and other participants from any and all claims, demands, and causes of action, whether resulting from negligence or otherwise, of every nature and in conjunction with a BOEC activity.

I have read this Agreement, understand its contents, am aware this document has legal consequences and I sign it voluntarily.

PARTICIPANT'S PRINTED NAME

SIGNATURE

DATE

Parent or Legal Guardian (if participant is under 18 years of age or otherwise legally dependent):

I hereby warrant that I have legal authority to act on behalf of my child or ward. I agree to the above terms and conditions for myself and on behalf of my child or ward. I agree to indemnify BOEC for any and all claims brought by or on behalf of the child or ward for whom I sign or for any claim brought by any other person related to the child or ward against BOEC.

PARENT/GUARDIAN'S PRINTED NAME

SIGNATURE



Photo Release | Summer 2016

For good and valuable consideration, the undersigned grants permission to the Arizona Snowbowl (**AZSB**), the right to use, not use, reuse, publish, assign, transfer, republish, and make derivative works of, all or any part of photographs and/or motion pictures and/or voice recordings and/or written/spoken statements taken by or on behalf of the undersigned on the date(s) and at the location(s) listed below (the **Photos/Recordings**), in any media now or hereafter known, including the internet, for the purpose set forth below, and for any related AZSB purposes, including illustration, promotion, art, editorial, and advertising, without restriction.

The undersigned waives any right to inspect or approve the Photos/Recordings, or any uses thereof, and waives any right to future royalties or additional compensation related to the use of the Photos/Recordings.

To the extent the Photos/Recordings are not, by operation of law, agreement or otherwise, considered work made for hire for AZSB, or if ownership of all rights in the Photos/Recordings do not otherwise vest exclusively in AZSB, the undersigned irrevocably transfers and assigns to AZSB all right, title, and interest in and to the copyright, ownership, and goodwill in and to the Photos/Recordings, and other rights with respect thereto.

The undersigned represents, warrants, and covenants that the undersigned owns or has sufficient rights in the Photos/Recordings to enter into and comply with the provisions hereof, the Photos/Recordings are the original work of the undersigned, the undersigned has the right to transfer and assign all rights in the Photos/Recordings to AZSB, and the Photos/Recordings do not and will not infringe or violate any intellectual property rights or rights of privacy or publicity of any third parties.

The undersigned has obtained, and has provided to AZSB, properly signed Photo/Recording Releases, in the form required by AZSB, from all individuals whose images, voices, and/or written or spoken statements appear in the Photos/Recordings.

This document is binding on the undersigned, and the undersigned's heirs, successors, and assigns.
This document will be governed by Arizona law.

The undersigned has read this document and fully understands its content, meaning, and impact.

Date(s) of Photos/Recordings: _____

Location(s) of Photos/Recordings: _____

Purpose of Photos/Recordings: _____

Name of the undersigned 1: _____

Signature: _____

Print Name and Title (if applicable): _____

Date Signed: _____

Address: _____

Facsimile and Email: _____

1 Insert full legal entity name. If undersigned is a corporation, partnership, or lie, include corporate suffix and state of formation. If undersigned is an individual, include full legal name.