

Medical Information:

Disability: _____

Please answer the following questions. If you check "Yes", please explain on the following page.

- | | | |
|---|-----|----|
| 1. Are you currently under a doctor's care? | Yes | No |
| 2. Please choose your most frequent mode of mobility:
_____ walking: list any assistive devices or braces used: _____
_____ wheelchair: manual or electric: _____ | | |
| 3. Are you allergic to anything? (i.e. medication, food, etc) | Yes | No |
| 4. Do you need to limit your physical activities for any reason? | Yes | No |
| 5. Do you use any head supports or trunk supports? | Yes | No |
| 6. Are there any special medical conditions the staff should know about?
(asthma, diabetes, heart trouble, LAS, etc.) | Yes | No |
| 7. Do you have: shunts, catheter, colostomy bag, implants, etc? | Yes | No |
| 8. Are you currently taking any medications of which we should be aware? | Yes | No |
| 9. Do you experience seizures?
If yes, are they controlled by medication?
When was your last seizure? _____ | Yes | No |
| 10. Do you have any fears or phobias? | Yes | No |
| 11. Do you have any medical instructions that we need to be aware of? | Yes | No |

In signing below, I verify that the information on this registration above is current and accurate. I understand that the information above is confidential and will be used only by the Mankato Area Adaptive Water Ski Program to provide the student with a safe and fun skiing experience.

Skier (or Legal Guardian) Signature: _____ *Date:* _____

Please explain "Yes" responses from the previous page.

1. Doctor's name and clinic: _____

2. Additional ambulatory information: _____

3. List allergies: _____

4. List/explain limits: _____

5. Additional support information: _____

6. List/explain special medical conditions: _____

7. Describe (location, type, etc.): _____

8. List medications: _____

9. Additional seizure information: _____

10. List/explain phobias: _____

11. List/explain medical instructions: _____

ASSUMPTION OF RISK POLICY

Risks: Please understand that downhill snow skiing is an active and potentially dangerous activity. By taking part, you are risking your physical being. It is, however, impossible to list all of the dangers involved in this activity. The eventualities of injuries or death are so diverse that no one can second-guess everything that can go wrong. Before you participate, you should become informed as much as possible about the inherent dangers and make sure that you are adequately prepared with the proper equipment and adequate clothing to minimize these dangers. Here are only some of the possibilities:

You can sustain injuries or die from: hypothermia, hitting a tree, hitting a ski tower, slipping on ice, falling off the chair lift, being hit by another skier, being hit by the chair lift, equipment malfunction, as well as many other possibilities.

You are under no obligation to take part in these activities or to do anything you do not feel comfortable with or are beyond your ability. Do not participate in this activity if you think it is perfectly safe. It is NOT. You are expected to use common sense and make it safe for yourself and others.

Personal Medical Conditions: It is your responsibility to check with a medical doctor to see if you have any medical or physical conditions which might create a risk to yourself or others who depend on you. These conditions may include, but are not limited to, physical or medical disabilities; medication or drugs you may be taking; dietary restrictions; allergies or sensitivities to penicillin, foods, etc. **YOU MUST DISCUSS ANY POTENTIAL PROBLEMS WITH THE INSTRUCTOR PRIOR TO SKIING.**

Sit-Down Skiers: To get up the ski hill, all skiers use a chair lift. As a sit-down skier, you will ride the lift in your bi/mono-ski and will, with assistance, unload the lift by dropping down as much as 3 feet onto the unloading ramp. In this unloading process, your hips and back must be able to sustain the "jolt" or jarring that will occur. Also, in learning to sit-ski you will be taught how to roll over on your side and shoulders as a method of stopping. To do this, you will be moving and will make the sit-ski "tip over". In this case, your arms and back, must be able to sustain the jolting or jarring that will occur. If you think either unloading or tipping onto your side may cause you pain or injury, please consult with your doctors before attempting to mono-, bi-, or sit-ski.

Participation is Voluntary: District 77 Community Ed & Rec- ACCESS Program is not requiring you to participate in this skiing activity. If you feel a particular part of the skiing experience is beyond your ability or if you feel it has some risks you are not prepared to accept, you should simply feel free to not participate in that aspect. It is your responsibility, however, to constantly evaluate your abilities and comfort level and make careful decisions whether or not to participate. Participation is voluntarily and at your own risk.

Your Responsibilities: In order for this activity to be as safe as it can be, it means that you need to take some very important responsibilities. These responsibilities include: taking care of personal medical concerns prior to participating, realistically and honestly evaluating your abilities, communicate clearly with instructors about concerns, strengths, and abilities, finding out about and obtaining proper equipment and clothing for the activity, finding out about risks and making careful decisions about participating, and helping in any possible way to make the activity safe for you and others.

Please initialize each of the following statements to authorize that you have read and understand the Mankato Adaptive Ski Program Assumption of Risk Policy.

- I have read the Mankato Adaptive Ski Program Assumption of Risk Policy. _____
- I am free of any medical and/or physical conditions which may create a risk to me and/or others. _____
- It is my responsibility to contact a medical doctor and/or program supervisor if I have any doubt about my conditions or my capabilities. _____
- I have necessary health insurance to cover myself should accidents occur. _____
- I realize that I am participating at my own risk. _____

RELEASE OF LIABILITY: *Please read carefully and sign below if you agree to all of the terms.* I certify that the above information is true, accurate and complete. I recognize there is a significant element of risk in any adventure sport and/or activity associated with the outdoors or indoors. Knowing the inherent risks, dangers and rigors involved, I certify that I and/or my family (including any minor children and/or legal ward(s)), are fully capable of participating in the activities, and wish to do so of your own accord. In consideration of District 77 Community Education ACCESS Program (hereafter referred to as "ACCESS") providing this adventure sport or recreation opportunity to me and/or my family and/or my legal ward(s), I hereby waive, release and discharge all actions, claims and demands for personal injury and/or property damage that may hereafter accrue against ACCESS, its employees, Instructors, Volunteers, or other sponsoring agencies arising out of ordinary negligence. I further agree that except in the event of ACCESS gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action against ACCESS, its employees, agents, sponsors, volunteers or assigns. This agreement shall be governed by and construed in accordance with the laws of the State of Minnesota, exclusive of Minnesota's choice of law provisions. I give permission to ACCESS to collect the registration information. I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in the Mankato Area Adaptive Ski Program. **I have read the Assumption of Risks Policy and Release of Liability Policy, and I acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in this activity.**

PLEASE NOTE: FILLING OUT THE REGISTRATION FORM DOES NOT ENSURE YOU WILL BE ELIGIBLE TO PARTICIPATE IN MAASP- ALL DISCRETION IS UP TO MAASP COORDINATORS.

Photo Release:

I give ACCESS permission to use my photograph and to publish the same without incurring any debts or liabilities to me of any kind.

Yes No

_____ Date _____
Skiers Name (Print)

_____ Date _____
Signature of Student or Legal Guardian

If the participant is a minor or considered a vulnerable adult, your legal guardian must sign below. Waiver of Independent Living Plan:

I, _____, knowingly and voluntarily state that an Independent Living Plan is unnecessary.

_____ Date _____
Signature of Consumer or Legal Guardian

Consumer is eligible for services: _____ Date _____
Staff Signature

This form must be filled out in its entirety and returned to MAASP before you can get on the hill and ski!

Please return to: MAASP
110 Fulton St
Mankato, MN 56001

msoren1@isd77.org

507-387-4770