



ADAPTIVE SKI/ SNOWBOARDING

~with~



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SNOWBOARD OR DOWNHILL SKI AT SUMMIT AT SNOQUALMIE

Friday Night, February 10th or Sunday, March 4th

Time: 6:30pm-9pm*

Location: Summit West at Snoqualmie



* Please note that schedule does not include transportation time and is subject to change due to weather and activity changes

Safety and Behavior Standards

1) SAFETY AND ACCEPTANCE

Outdoors for All reserves the right to deny enrollment for medical, safety, or behavioral reasons. A participant may be required to wear a helmet and/or a harness. Helmets are required for all sit ski participants and participants whose physician recommends it. Harnesses are required for participants who have had significant seizure activity in the past 2 years, and will be riding the chair lift. The safety of our participants and volunteers is the primary goal at Outdoors for All.

2) PARTICIPANT BEHAVIOR STANDARDS

Behavior issues can be a part of many disabilities. Outdoors for All makes every attempt to accommodate the aspects of individuals' disabilities. However, Outdoors for All volunteers and staff are **not** prepared or expected to deal with **significant** behavior issues. Please alert the office in advance regarding issues of concern so that we can work together to effect a positive, safe experience for both participants and volunteers. Unacceptable behavior can include:

- significant self abuse
- physical abuse of others
- significant verbal abuse
- a consistent unwillingness to participate in activities.
- sexual misconduct
- violent behavior
- extreme profanity

Noncompliance with Behavior Standards may result in the requirement that a caregiver accompany participant during future activities or possible dismissal from activities.

3) FAMILY MEMBERS

Family members are encouraged to come and join the experience of the ski day as well. For family members wishing to partake in lessons, priority is given to the individuals with a disability. Therefore it is recommended that the family member(s) has some experience on skis or snowboard so that they don't interfere with the lesson. Please note that transportation seating may be limited and priority will be given to the individual with disability.

Participant Registration

Complete all enrollment and release forms (Registration, Information Form, and Liability Waiver) and return to your program coordinator, or email them to Brittney Neidhart brittneyn@braininjurywa.org, These forms are due by: Wednesday, January 25th, 2012

For questions about the program please contact Dan Retailiau, CTRS at Outdoors for All at danretailiau@outdoorsforall or 206.838.6030 ext.206.

FAX to: 206.838.6035 (ATTN: Dan Retailiau)

Activities: Please Check One

The registration includes lift ticket, equipment and lesson.

Friday, February 10th, 4pm-6pm **Sunday, March 4th, 9:30am-11:30am**

Select which date you'd like to participate in, times do not include transportation

Skiing or Snowboarding

You will be paired with an instructor a small group if appropriate. You will receive instruction from experienced instructors from the basics to intermediate skill level! Please mark your ski/snowboard level below.

Sit Skiing

Feel the freedom of the slopes in one of our bi-skis or mono-skis. You will be fitted to one of our skis that matches your abilities and needs. Then be paired with multiple instructors to show you how to ski in the sit ski then take you out on the hill to shred up Summit Snoqualmie in your very own sit ski. All sit skiers are required to wear a helmet*

Ski or Snowboard or Sit Ski Rental **I have my own equipment**

*Helmets available upon request. Rental includes skis, boots, and poles or snowboard and boots or-sit ski

Please make checks payable to the "Outdoors for All Foundation"

Identity of individual filling out registration

Client (Self) Legal Guardian Caregiver Therapist

Last Name: _____ First Name: _____ Middle I: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Others attending with client and relationship: _____

Rate your ability

Choose either sit skier, skier or snowboarder then mark the box that best describes your skill level

I am a skier. (Please mark your skill level before injury or diagnosis)

- Never skied before
- Can make a wedge turn in one direction
- Can link wedge turns.
- Can start a turn in a wedge and finish parallel.
- I use a wedge to start, but mostly ski parallel.
- I can ski wide track parallel on blue and green runs.
- I can ski parallel and use poles on blue runs.
- I can ski parallel, and use poles on blue, green and some black runs.
- Other: _____

I am a snowboarder. (Please mark your skill level before injury or diagnosis)

- Never snowboarded before.
- I can side-slip in both directions.
- I can ride the lift and turn uphill in both directions.
- I can link skidded turns on green runs.
- I can link skidded turns on green and blue runs.
- I can link carved turns on blue runs
- Other: _____

I am a sit skier (mark all that apply).

- I use a power wheelchair
- I use a sport or manual wheelchair
- I can transfer independently
- I can transfer with minimum to moderate assistance
- I need maximum assistance to transfer
- I have never used sit ski before
- I have experience skiing in sit ski. explain: _____

OUTDOORS FOR ALL INFORMATION FORM - PARTICIPANT

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____

Access ID # _____
Military Branch: _____

Work Phone: _____
E-Mail: _____

EMERGENCY CONTACT INFORMATION

ATTENDANT/CADRE

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Name(s): _____
Phone: _____

HEALTH INFORMATION

Gender: M F Birthdate: _____ Age: _____ Height: _____
Weight: _____ Shoe Size: _____

Date of Injury/Diagnosis: _____

Primary Diagnosis/Injury: _____

Secondary Diagnosis /Injury: _____

Will Medications be taken during Activities? Y N

Medications: _____

Side Effects of Medication: _____

HISTORY OF SEIZURES: Y N Seizure Type: Petite Mal Grand Mal

Seizure in the past 24 months: Y N

List the indicators for the seizures and triggers for seizures: _____

SPINAL CORD INJURY: Complete Incomplete C1- T1 T1- T6

T7-T12 L1 – L5 S1- S5

TRANSFER ABILITY: Transfers Independently Transfers Self W/Assistance

(Mark all that apply)
 No Ability to Self Transfer Can Bear Weight w/Assistance Can Not Bear Weight

MOBILITY: Walks Independently Walks w/Assistive Device

(Mark all that apply)
 Manual WC Power WC

VISUAL IMPAIRMENT: _____

Brief description of visual impairment: _____

Totally Blind Legally blind Partially Pighted

Visual Acuity: near: 20/ distance: 20/

Visual Field Deficits, if applicable: _____

Color Perception Deficits, if applicable: _____

Depth Perception Deficits (stereopsis), if applicable: _____

SECONDARY CONDITIONS

- Easily fatigued Back Problems Partial Hearing High Blood Pressure
- Autonomic Dysreflexia Sensitivity to Crowds Partial Vision High Anxiety
- Temp. Reg. Difficulties Sensitivity to Noise Vertigo Heart Problems
- Hemiparesis Sensitivity to Light Shunt Respiratory
- Hemispatial Neglect Sensitivity to Sun Ataxia Rheumatoid Arthritis

Rate the following items in terms of difficulty functioning: (0) No Difficulty (1) = Slight Difficulty
 (2) = Moderate Difficulty (3) = High Difficulty (4) = Extreme Difficulty / Needs Assistance

- | | | |
|-----------------------------|----------------------------|-------------------------|
| ___ Ability to Self Control | ___ Speech Intelligibility | ___ Range of Motion |
| ___ Balance | ___ Decision Making | ___ Spatial Orientation |
| ___ Endurance | ___ Concentration | ___ Switching Attention |
| ___ Frustration Tolerance | ___ Muscle tone | ___ Gross Motor |
| ___ Memory | ___ Torso Control | ___ Upper Body Strength |
| ___ Fine Motor | ___ Learning Ability | ___ Lower Body Strength |

Allergies: _____

Dietary Restrictions: _____

What is the form of communication style (check all that apply): Verbal Non -Verbal

If nonverbal, does the participant have a method of communication? Y N

If yes, please explain: _____

Is there is any other difficulty with communicating? (be specific and list communication tips):

*Frustration indicators or Flashback Triggers (How will staff know? What can staff do?)

Methods used to calm down: _____

Extra Precautions or concerns: _____

What are some skills you'd like to see worked on: (Refer to the list of *Terms of functionality* above)

*Additional Comments: _____

Outdoors for All RELEASE OF LIABILITY

1. Inherent Dangers of Activities, Responsibilities of Participants

a. I am aware that skiing, snowboarding, hiking, cycling, in-line skating, canoeing, rock climbing, rafting, and other activities are hazardous sports that can result in serious injury, death or other damage. I accept the risks inherent in these activities and in the ski area, mountains, trails, water and other environments. I accept my responsibilities to be informed, to ski, snowboard, hike, cycle, skate, canoe, climb, camp, raft and participate in such activities safely, to follow established safety guidelines (such as the skier/snowboarder Your Responsibility Code), and to obey all posted behavior notices, rules and policies. For volunteers only: I acknowledge that I will read and follow policies in the Outdoors for All Foundation Volunteer Manual.

b. I understand the nature of these activities and assume responsibility for my own physical fitness and capability to perform the activities involved. I also assume responsibility for obtaining any medical examination relating to my physical capability and fully assume the risk of failing to obtain any said medical examination.

2. RELEASE and Hold Harmless Clause, Binding Nature of Consent

a. In consideration of acceptance of enrollment in Outdoors for All Foundation (a nonprofit organization) and/or services received. I agree that I will not sue or make claim against the Outdoors for All Foundation and further that I agree to RELEASE. HOLD HARMLESS. AND INDEMNIFY the Outdoors for All Foundation and its sponsors, agents, board members, volunteers, employees and all other vendors from all actions, claims or demands for any loss or injury which may occur as a result of participating in Outdoors for All Foundation activities, including but not limited to those which may arise from NEGLIGENCE, the installation, maintenance, selection, adjustment and use of equipment, traveling to and from any activity, including any first aid treatment or other service whether foreseen or unforeseen.

b. This RELEASE contains the entire agreement between the parties and is made for valid consideration as a condition precedent to my participation in Outdoors for All Foundation activities. It is contractual, not a mere recital. This RELEASE is also binding as to any other persons, including all family members, heirs, and executors.

3. Equipment

a. I will accept the equipment for use, as is. I agree to be fully responsible for the equipment while it is in my possession and to return it by the agreed time/date. I agree that I may incur additional charges if the equipment is returned late, dirty or damaged beyond normal wear and tear: I accept my responsibility to replace, at full retail value, any Outdoors for All Foundation equipment which I fail to return.

b. I accept the risks involved in the use of the equipment, including, but not limited to, skis, snowboards, boots, poles, sit-skis, bi-skis, mono-skis, outriggers, slant boards, ski stabilizers, Edgie Wedgies, walkers, harnesses, helmets, cycles, skates, canoes, climbing equipment, camping equipment and rafting equipment and any other equipment that I may use. I understand that it is my responsibility to receive instructions on the use of this equipment and to understand its function. I understand that this equipment is adjusted individually according to the information that I supply. I certify that I have made no misrepresentations and understand that this equipment is for my personal use only.

c. I understand that the ski or snowboard equipment I use may not be equipped with releasable bindings, and I accept the risks involved with non-releasable bindings. If the equipment does have releasable bindings, I understand that the bindings will not release under all circumstances and are no guarantee of my safety.

4. Liability Insurance Only (no medical or transportation)

a. Outdoors for All Foundation does not provide damage insurance for participants, including volunteers. All participants, including volunteers should have their own medical and vehicle insurance.

5. Photo and Video Release

a. I give my permission to have images and audio of me taken during activities through video, photo and digital camera to be used for publicity purposes.

6. Participants Under Age 18 or Not Their Own Guardian

a. If I am signing on behalf of a minor or someone who is not their own guardian, I accept full responsibility for all medical expenses and other special and general damages incurred as a result of this person's participation, use of regular and adaptive equipment, or travel to or from Outdoors for All Foundation activities. I also agree to HOLD HARMLESS AND INDEMNIFY Outdoors for All Foundation and its sponsors, agents, board members, volunteers, employees and all vendors from any claims brought by or on behalf of this person.

7. Volunteers Only (Washington State Patrol Request for Criminal History Information)

a. I understand that by signing this. I am giving permission for Outdoors for All Foundation, a nonprofit organization, to request Criminal History Information and Child/Adult Abuse Information Act from the Washington State Patrol Identification and criminal History Section in accordance with RCW 43.43.830 through 43.43.845.

All Winter Program Participants, regardless of whether or not they will be renting equipment, must check one "Skier Type" box:

- Type 1** - Cautious skiing at lighter release/retention settings. Easier terrain.
- Type 2** - Average/moderate skiing at average release/retention settings. Varied terrain.
- Type 3** - Aggressive, higher speed skiing at higher release/retention settings. All terrain and conditions.

My signature is an authorization for the Outdoor for All Foundation or Outdoors for All Staff to arrange for medical treatment that is deemed necessary on behalf of myself or my child/dependent in the case of an accident, injury, or other occurrence giving rise to the need for such treatment.

Please answer questions and sign

I have carefully read and fully understand this release of liability and sign it of my own free will.

Full Legal Name _____ Date of Birth: _____

Signature _____ Date: _____

Printed Name of signer (if not self, i.e.: legal guardian) _____

Relationship of signer to participant (if not self, i.e.: legal guardian) _____