



Visiting Skier Application

If you are from out of this area and would like to visit the ski program for the day please complete this application in its entirety. Please read Eagle Mount's visiting Skier Policy on page 3.

(Completely filling out this application will help us provide you will the best lesson possible)

Name: _____ Date(s) You Wish to Ski: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____

Age: _____ Height: _____ Weight: _____ Shoe size _____

Disability Diagnosis: _____ Date of disability onset: _____

Primary Physician: _____ Physician Phone: _____

Mobility & Assistance (Check all that apply):

____ Walk Independently
____ Manual Wheelchair

____ Service Dog
____ Cane or Blind Cane

____ Electric Wheelchair
____ Crutches/Walker

Current Health (Check all that apply):

____ High Blood Pressure
____ Heart Problems
____ Seizures within Last Year
____ Sensitive to Sun

____ Back Problems
____ Diabetes
____ Taking medication/s
____ Disorientation/Memory Problems

____ Food Allergies
____ Frequent Nose Bleeds
____ Medication Allergies
____ Asthma/Respiratory

Explain Any Conditions Checked Above: _____

Medications and side effects: _____

If communication is limited, how can we best communicate with you? _____

Which learning methods work best for you (e.g. visual, verbal, tactile, show me, etc.)? _____

Emergency contact: _____ Phone: _____

Credit Card Payment: Visa Mastercharge American Express

Card # _____ Expiration Date: _____

Signature: _____



**INSURANCE WAIVER RELEASE OF LIABILITY
EAGLE MOUNT BILLINGS PARTICIPANT**

PARTICIPANT NAME _____ EMERGENCY PHONE _____

In consideration of being allowed to participate in any way in Eagle Mount Billings, and/or Disabled Sports USA recreation 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 to the best of my ability, or if a parent and/or legal guardian I will instruct the minor participant to inspect the best of his/her ability, the facilities and equipment to be used, and if I believe anything is unsafe, I and/or the minor participant will immediately advise an Eagle Mount Billings staff person of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or 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/their 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 reasonable 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 Eagle Mount Billings, and/or Disabled Sports USA, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and, if applicable, owners and lessors 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.
5. Give permission for Eagle Mount Billings to obtain for me emergency medical treatment, as they deem advisable.
6. Give permission for Eagle Mount Billings to use photographs, videos and general information about me in their efforts to publicize their programs.
7. Acknowledge and fully understand that the Eagle Mount Billings staff members have the authority to exclude participants from the program for behavior they deem unsafe. Use of alcohol and illegal drugs, or being under the influence, is unsafe behavior.
8. Understand and agree that information regarding our participant's disability or family background will be kept strictly confidential.

Please read before signing: I have read the complete waiver and release and I understand that I may have given up substantial rights by signing. I have not changed this orally and I sign this release voluntarily.

Printed Name Signature Date

For Participants of minor 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 the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees 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.

1st Parent/Guardian's Name Signature Date

Emergency Phone _____

2nd Parent/Guardian's Name Signature Date

Emergency Phone _____

***NOTE: If 2nd parent signature is not possible, 1st parent/guardian certifies that the 2nd parent/guardian has authorized participant to pursue this activity and the 2nd parent/guardian agrees to all items stipulated above.**



Visiting Skier Policy

It is recommended that clients make a reservation at least 10 days prior to arriving at Red Lodge Mountain. Call 406-446-1328 winter season Dec – April 15. Call Eagle Mount Billings office during non-season dates, 406-245-5422. Eagle Mount defines a visiting skier as an individual who lives out of this area, greater than 150 miles from Red Lodge Mountain Resort.

The policy for handling “visiting” student in the Eagle Ski program is as follows:

- 1.If equipment and trained instructors are available we will accept students.
 - 2.We recommend that each student check with their physician before beginning the sports of skiing or snowboarding. Eagle Ski staff retains the discretion to deny services in the event of medical concerns (without a physician’s release) or other safety considerations such as, a person’s judgement is impaired due to drug or alcohol use.
 - 3.All students must have a current application on file. Parents or legal guardian must sign application for minor students.
 - 4.Fees are based on a comparable 2 hour lesson that a guest would receive from the mountain’s education center. Lessons includes ski equipment, instructor and lift pass.
\$45 – 2 hour lesson - 1/2 day \$90 – 2, 2hour lessons – All day
 - 5.Prepayment for entire lessons must be made prior to lesson or lessons. Payments are preferred by personal check. Make checks to Eagle Mount Billings. Inquire before lesson if you would like to pay by credit card.
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