



Groups – Application Information

It is requested that groups make reservations with Eagle Mount at least two weeks (14 days) prior to arriving at Red Lodge Mountain. Please carefully read Eagle Mount's guidelines for groups listed below.

If you have questions about any of the information provided, don't hesitate to contact us at (406) 969-2949 or chrisw@eaglemount.us

Guidelines for Groups in the Eagle Mount Ski program are as follows:

1. We recommend that each student check with his/her physician if there are any concerns regarding participation in skiing, before taking part in the Eagle Mount ski program. Eagle Mount ski staff can deny services in the event of serious medical concerns or other safety considerations (drug or alcohol use, behavioral concerns that put student and/or instructor at significant risk of injury, etc.)
2. All students must have a current (within the year) application completed prior to participation.
3. All students must have a current liability form completed before participation. If students are under the age of 18 or not their own guardian, the form must be completed and signed by their guardian.
4. Specify the date(s) on which you wish to ski on the Application Form. You will be contacted by a member of the ski staff to confirm your date(s) as well as discuss your group needs.

Eagle Mount Billings Lesson Rates:

**All lessons include a lift ticket, ski/boot and adaptive equipment, an instructor, and use of the Eagle Mount hut. Group students that ski with Eagle Mount will also be brought back to the group for communication and student safety.*

\$55 – half day lesson

\$100 – full day lesson

\$200 – Session (4 Lessons)

Groups that are unable to pay the Eagle Mount lesson rates are encouraged to contact the office at 406-969-2949. Eagle Mount's goal is to ensure that no child is left behind from a group due to financial reasons. Opportunities for financial assistance are available so EVERYONE can have the opportunity to get out and enjoy the snow.

Payments can be paid by personal check, cash or credit card (credit card payments can be accepted by calling the office 406-969-2949 ask for Cinda). Checks should be payable to Eagle Mount Billings.

Payments are preferred after your group completes their scheduled ski days.

Eagle Mount Billings-1140 16th St W – Ste #12, Billings, MT 59102
406-969-2949 office 406-969-2952 fax



Group Application

Eagle Mount Billings 2016/2017 Winter Ski Program – Participant Application

Eagle Mount Billings regards safety as our first concern. Participants in any of the programs may be removed or excluded from a program for behavior that is deemed by Eagle Mount Billings to be a danger to self or others.

Group: _____

Address / City / Zip: _____

Contact (name): _____ Contact (number): _____

(e-mail) _____

Student Name: _____

Sex: Male/Female Date of Birth: _____ Height _____ Weight: _____

Emergency contact during skiing: _____

Participant Ski – Alpine - Downhill Skiing and Snowboarding

___ Skier ___ Snowboarder ___ Mono-Ski ___ Bi-Ski ___ Unsure

Please Identify when your group will be skiing: ___ Morning ___ Afternoon ___ All Day

Please list the dates your group wishes to ski: _____

Primary Disability/Diagnosis: _____

Secondary Disability(ies)/Diagnosis: _____

Mobility

- Walks without any difficulties /assistance
- Walks with minimal assistance especially over uneven surfaces
- Walks with a mobility device such as a walker/crutch
- Dependent - Does not walk or walks only a few steps with assistance - Power WC / Manual WC / Stroller (circle)

Communication Style

- Can verbally communicate ALL needs/wants, likes/dislikes, yes/no, etc.
- Can verbally communicate SOME needs/wants, likes/dislikes, yes/no, etc. However, is also able to communicate non-verbally without difficulties or translation.
- Uses an assistive technology device/PEC to communicate. Please identify: _____
- Can communicate some needs/wants, likes/dislikes, yes/no, etc. by using the following non-verbals please describe

(i.e. facial expression, movements, tongue, blinks, etc.): _____

OTHER (Please describe): _____

Medical

- Seizures within last year
- Fainting / loss of conscience with limited to no notice
- Allergies – (food/animal/environmental/medication): _____

Does the participant have any surgery/complication that would be a barrier to participate? Y / N

If Yes, Please explain: _____

Temperature: Does the participant have temperature dis-regulation that would directly impact participation or that we need to be sensitive to and/or needs additional directive? Y / N

If Yes, Please explain: _____

Sun Sensitivities: Does the participant have sensitivity to the sun that would directly impact participation or that we need to be sensitive to and/or needs additional directive? Y / N

If Yes, Please explain: _____

Please identify any additional health concerns that would directly impact participation: _____

Medication / First Aid - Our staff and volunteers are only allowed to provide basic first aid. (cleaning minor abrasions/cuts, Band-Aids, ice packs, heat packs, ointments, minor stings/bites) We cannot administer medication, tube feedings or cath.

PARENT / CAREGIVER QUESTIONNAIRE *(Not applicable to adults who are their own guardian)*

To help our ski staff and volunteers provide the best experience we ask you to provide information to help us get to know each student and pair them up with an appropriate staff/volunteer. We will try our best to maintain consistency in our pairings.

Year/s in the Eagle Mount Ski Program: _____

Other adaptive ski programs that the student has participated in: _____

Favorite music, games, songs: _____

If this student is upset what are some tips / tricks / phrases that help calm down and redirect? _____

Are there any specific triggers that may cause a negative reaction? _____

Does he/she work better with a specific volunteer? Male Female No preference

Does the participant have any aggressive behaviors? Y / N

If Yes, Please explain: _____

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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, Eagle Mount Billings 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 Eagle Mount Billings 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 MT and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Yellowstone County, MT; 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
Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship