



Winter 2016/2017 Volunteer Program Registration
Enhancing the lives of individuals with disabilities through recreation

Alpine Skiing

Eagle Mount offers an adaptive ski and snowboard program at Red Lodge Mountain Resort.

If you are interested in volunteering, please fill out attached "Eagle Mount Billings 2016/2017 Winter Ski Program – Volunteer Application."

- Please fill out "Eagle Mount 2016/2017 Ski Program – Volunteer Application."

Cross Country Skiing/Snowshoeing

Eagle Mount offers a cross country ski and snowshoe program.

Sundays 10:00 to Noon

Red Lodge Nordic Center

Volunteer Training February 5th at 10am-3pm

_____ February 12th, 26th, March 5th, 12th

No Skiing President's Day Weekend

Out and About

We will be getting out in the community and experiencing all that Billings has to offer as well as spending time together as a group learning a new skill or hanging out.

*1st time volunteers arrive at 5:30pm for training

Wednesdays 6:00 to 7:15pm

Central Christian Church 1211 16th St W. 59102

Or otherwise scheduled location.

_____ Feb. 22nd

_____ Mar. 1st

_____ Mar. 8th

_____ Mar. 15th

Swim

Volunteers are required to be in the water with the participants.

Private Lessons

Tuesdays 4:00 to 7:00pm*

*Option of 1 hour time slots

St. V's Medical Arts Suite 100W

St. V. Volunteer Training Jan. 17th at 3:30pm

_____ Session 1: Jan. 17th, 24th, 31st, Feb. 7th

_____ Session 2: Feb. 21st, 28th, Mar. 7th, 14th

Group Swim

Tuesdays 6:15 to 7:15pm

St. V's Medical Arts Suite 100W

St. V. Volunteer Training Feb. 21st at 5:45pm

_____ Session 2: Feb. 21st, 28th, Mar. 7th, 14th

Note on Volunteer Training

All volunteers (returning and new) must attend volunteer trainings. If you are volunteering for multiple programs, please contact the Program Supervisor to discuss your training needs.

RSVP If you plan to attend.



Eagle Mount Billings 2017 Winter Programs – Volunteer Application

Applications are good for 1 year

Return at least 1 week prior to first program to:

Eagle Mount Billings - 1140 16th St W #12 / Billings, MT 59102-4121

406-969-2949 office

406-969-2952 fax

www.eaglemount.us

Volunteer Name: _____

Employer/School: _____

Date of Birth: _____ Age _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact / Relationship / Phone: _____

Signature: _____ Date: _____

I give my permission for the minor identified above to volunteer with Eagle Mount Billings for the program and/or programs that are marked on the volunteer registration form. I understand that Eagle Mount Billings is not responsible for volunteers outside of identified program volunteer times.

Parent/Guardian printed name: _____

Parent/Guardian Signature (if volunteer is under 18): _____

Eagle Mount regards safety as our first concern. Volunteers 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.

**All Eagle Mount volunteers are required to complete a Volunteer Application form and sign the Liability Waiver prior to participation in any programs.
*Please note: All volunteers are subject to a background check.***

Office Use Only:	<input type="checkbox"/> Program Registration	<input type="checkbox"/> Program Application	<input type="checkbox"/> Liability Waiver	<input type="checkbox"/> BGC
	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Demo	<input type="checkbox"/> DP

Have you volunteered for Eagle Mount Billings programs in the past? YES NO

If so which program/years? _____

List any prior experience you have working with individuals with disabilities –

Please rate your skill level in the sports/programs which you are interested in volunteering:

Swim:	No Experience	Beginner	Intermediate	Advanced	Can Instruct
Golf:	No Experience	Beginner	Intermediate	Advanced	Can Instruct
Cycle:	No Experience	Beginner	Intermediate	Advanced	Can Instruct
X-Country Skiing:	No Experience	Beginner	Intermediate	Advanced	Can Instruct

List any other skills/certifications that may pertain to Eagle Mount programs:

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
		Date