

Dear STRIDE Applicant,

Thank you for your service & interest in STRIDE's programs!



IMPORTANT APPLICATION INFORMATION

- It will be reviewed and filed in the STRIDE office;
- Your CONFIDENTIAL information will be entered in our database; and you will receive STRIDE's news for upcoming programs & special events;
- Our mission is for your service ethos to continue through participation as a *volunteer* after the event, helping others through mentorship or aid to youth with disabilities.

GUIDELINES FOR PARTICIPATION

- Preference for **documented combat-related permanent injury sustained during military service since 9/11/01.**
- It is **your responsibility** to stay in touch and make reservations for any of our other programs or events.
- The **liability waiver** is for our insurance and must be signed.
- Must live in the Northeastern U.S.(within driving distance to our events); prefer NY residency.
- We give preference to those who have *NOT* previously attended skiing/snowboarding events.

OVERVIEW OF SNOWFEST EVENT

STRIDE hosts an annual Snowfest Weekend for New York or regionally based wounded servicemembers/veterans and their families. **You must be within driving distance to the event.**

Wounded Warriors and immediate family will spend 4 days in the Capital Region and at Jiminy Peak Mountain Resort with STRIDE's Adaptive Snowsports Program, where you are paired with expert instructors for lessons and/or use of adaptive equipment.

The weekend is COST-FREE FOR WOUNDED WARRIORS & FAMILY Guest.

When? First weekend in March Thursday - Sunday

Where? *Welcome Ceremony*, Hilton Garden Inn, Troy, NY

(Friday) *Ski/Snowboard*, Jiminy Peak Mtn Resort, Hancock, MA (Sat/Sun)

Who? Wounded Warriors and family member

What? Meet & Greet; Welcome ceremony, NY Museum tour, skiing, snowboarding, mountain coaster rides, entertainment, lodging, etc.

Please complete the attached application and submit, mail, e-mail or fax (with a photo, if possible) to:

STRIDE Adaptive Sports
4482 NY Highway 150
West Sand Lake, NY 12196
Phone: (518) 598-1279

STRIDE Adaptive Sports
FAX: (518) 391-2563 or
E-MAIL: info@stride.org
www.stride.org

If you have any questions or concerns, contact STRIDE at (518) 598-1279.



STRIDE WOUNDED WARRIOR APPLICATION

Please complete the application and submit, mail, e-mail or fax (with a uniform photo, if possible)

Information provided is strictly confidential and is used solely for safety purposes in administering our programs

CONTACT INFORMATION

Name: _____ Date : _____ DOB: ____/____/____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (#1) _____ (#2) _____ E-mail: _____

EMERGENCY CONTACT INFORMATION/ PREFERRED TREATMENT FACILITY:

Name/Location: _____ Relationship: _____ Phone: _____

MILITARY BACKGROUND

Active Duty Veteran Branch _____ Title: _____ Rank _____ Units served: _____
 Purple Heart recipient; Yes No Medically retired: Yes No Attended other WW events: Yes No

DISABILITY INFORMATION

Combat-related Disability classification: (eg: TBI, amputation, seizure disorder, PTSD, etc.) **Please list:** _____
 _____ VA Rating%: _____

Physical Condition: Poor Fair Good Very Good Excellent Service Dog? _____

Do you need adaptive/special equipment to participate? (e.g.: wheelchairs, splints, walk or swim aids, etc.)

Yes No If yes, please list _____

Additional **physical status**: (e.g.: allergies; ROM; spacticity; sensory losses; seizure activity w/ date of last seizure, diabetes, heart, hearing loss, glasses, or contacts): _____

SNOWSPORTS INFORMATION

Participated in skiing/snowboarding before? Yes No Which sport? Skiing Snowboarding

Level of ability? : Beginner Intermediate Expert Height _____ Weight _____ Size _____

Are you bringing a family member/ guest (s)? ***YES NO** *If yes, please complete information below

Pre -approval needed for more than one caregiver/family member:

NAME	RELATION TO YOU	SKI OR SNOWBOARD	HEIGHT/WEIGHT	SHOE SIZE
		<input type="checkbox"/> SKI <input type="checkbox"/> SNOWBOARD		
		<input type="checkbox"/> SKI <input type="checkbox"/> SNOWBOARD		

OTHER PROGRAMS

Sled hockey Shooting Camping Volunteer/Mentor Social activities Sailing Other

* Check out our many sport programs on our web and let us know your interests.

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, STRIDE, Inc. 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 STRIDE, Inc. 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 NY and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Rensselaer County, NY; 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	Date