



STRIDE ADAPTIVE SPORTS VOLUNTEER FORM

STRIDE is a volunteer non-profit organization providing sport & recreation programs for individuals who have special needs and disabilities. You can volunteer in many ways throughout the year.

DAYS / TIMES YOU ARE AVAILABLE _____

TODAY'S DATE: _____ **YOUR DATE OF BIRTH:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE / CELL: _____ **HOME:** _____

Primary EMAIL ADDRESS: _____

OCCUPATION: _____ **EMPLOYER:** _____

SS# _____ SSN is required for Criminal Background checks; and kept confidential.

I hereby give STRIDE, Inc. permission to verify information submitted by me and to conduct a background investigation on me. STRIDE utilizes the services of Commercial Investigation, LLC for criminal background checks on all new volunteers.

Signature: _____

STRIDE Programs

Check all those you are interested in:

- Swimming
- Bowling
- Tennis
- Golf
- Learn to Dance
- Yoga
- Target Shooting
- Sailing

- Alpine Skiing & Snowboarding
- Jiminy Peak
- Ski Sundown
- Catamount
- Yawgoo
- Sled Hockey
- SCORE Tent Camping

Specialty Programs

- Teen Dances
- Bike Camp
- Hiking/ Snowshoeing
- Bocce
- Wounded Warrior Programs

Other

- Clerical/Office Work
- Education(Info @ booth)
- Event Planning and Fundraising
- Graphic Design
- Journalism/Photography/Videography
- Website Management
- Camp/ Building Maintenance

REFERENCES:

WORKCONTACT: _____ **PHONE:** _____

PERSONAL CONTACT: _____ **PHONE:** _____

COMMUNITY EXPERIENCE: _____



VOLUNTEER GUIDELINES AND POLICIES

STRIDE would like to thank you for your new or ongoing commitment to our adaptive sports programs. Volunteers are the cornerstone to our success. In order to facilitate safe, recreational experiences for our participants, STRIDE has adopted the following policies. Please read, and ask questions regarding any areas you may have questions.

1. Volunteers will generally be assigned "tasks" by a leader(s) of a program or event. If you have preferences or special skills or training, please feel free to discuss them with the leader(s). Our first priority is safety. We ask that volunteers be flexible.
2. Eligibility requirements: you must to be at least 15 years of age; and submit the volunteer registration form with signed waivers. Minors need parental signatures.
3. We check references and utilize Commercial Investigation, LLC system for a criminal background check for all volunteer applicants.
4. Volunteers at our program are expected to abide by the following:
 - Smoking is prohibited.
 - Drinking of alcohol beverages and use of any illegal drugs or narcotics is prohibited before or during an event. This includes any volunteer training sessions. In some of our programs, random drug screening is utilized.
 - Anyone seen or suspected of the above will may be asked to leave the program.
5. We expect our volunteers to follow the leadership of program directors or experienced volunteers. Multiple people trying to teach can be very confusing to the participant. Secondary volunteers, however, are expected to be encouraging, supportive, and to project a positive attitude.
6. Volunteers that sign up for a specific event are expected to arrive and stay throughout the scheduled time. If you will be late or need to leave before it ends, we ask that you let us know as soon as possible to schedule accordingly. If you become ill, or need to leave the activity unexpectedly, please obtain permission or coverage. It is important that we not jeopardize the safety of our participants. **Communication is essential.**
7. Volunteers are required to stay with the STRIDE participant until a parent or guardian returns. We ask parents/guardians to stay within reach by phone or otherwise so that we can get them when they are needed.
8. Any information you read or obtain about a participant is *confidential*. You must sign the attached Confidentiality agreement.

Thank you for your time in reading this information, and we hope you agree that, most of our policies are just good "common sense". We hope you join us and look forward to a very enjoyable experience.

CONFIDENTIALITY POLICY AND PLEDGE: Any information that an employee, staff member, volunteer or contractor (STRIDE representative) learns about STRIDE, or its members, participants, volunteers or donors, as a result of working or volunteering for STRIDE that is not otherwise publicly available constitutes confidential information. STRIDE representatives and volunteers may not disclose confidential information to anyone who is not employed by STRIDE or to other persons who do not need to know such information to assist in rendering services. The disclosure, distribution, electronic transmission or copying of STRIDE's confidential information is prohibited to those without a legitimate need to know. Any STRIDE representative or volunteer who discloses confidential STRIDE information will be subject to disciplinary action (including possible termination) or removal as a volunteer for STRIDE, even if he or she does not actually benefit from the disclosure of such information.

I understand the above policy and pledge not to disclose confidential information.

Signature: _____

Print Name: _____ Date: _____

Disabled Sports USA Waiver & Release of Liability Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this Disabled Sports USA Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, STRIDE, Inc., and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, 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 any Disabled Sports USA/STRIDE, Inc. events or activities or the Participant's presence on or travel to the premises where such events or activities take place, 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 such events or activities or the Participant's presence on or travel to the premises where such events or activities take place.
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. **Medical Treatment.** Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
5. **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 New York and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Rensselaer County, NY; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.

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. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date

Disabled Sports USA Media Release Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. "Released Parties" include Disabled Sports USA, STRIDE, Inc. and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, 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.

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

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. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date