



Dear Veterans,

The VA New England Healthcare System invites you to participate in the 2018 Winter Sports Clinic in memory of Tony Santilli January 22<sup>nd</sup> through the 26<sup>th</sup>, 2018. This event promotes rehabilitation by instructing Veterans with disabilities in adaptive Alpine skiing and snowboarding along with an introduction to other adaptive activities and sports.

### **WHO is eligible to participate?**

Participation is open to male and female Veterans with spinal cord injuries, orthopedic amputation, visual impairments, certain neurological problems and other disabilities. The application includes a general medical information section, an additional sports application (**NEHSA forms are green**) and a photo consent form. All applications are reviewed by the Winter Sports Clinic's program directors and medical doctor. Their decisions are final.

- *Preference will be given to first time participants to the New England Winter Sports Clinic*
- *Preference will be given to VA New England Healthcare (VISN 1) Veteran applicants*
- Veterans who are enrolled in VA Healthcare
- *FULLY* completed applications
- Applications received by the established deadline (**November 1<sup>st</sup>, 2017**)
- Compliance with Participant Code of conduct standards

### **WHAT is the program about?**

- ✓ January 22, 2018 - registration, equipment fitting and safety checks, Sled Hockey Clinic opening reception, team meetings
- ✓ January 23 - ski lessons, sports massage, air rifle shooting, kayaking, wheelchair basketball game
- ✓ January 24 - ski lessons, sports massage, air rifle shooting, kayaking
- ✓ January 25 - ski races, Award Banquet
- ✓ January 26 - check out

**Schedule is subject to change.**

Prior to the Winter Sports Clinic, you will be assigned to a team. Your team leader will contact you and will answer any questions you may have.

As a participant, you will work with adaptive skiing/snowboarding instructors. Adaptive skiing/snowboarding equipment such as outriggers, ski poles, sit-ski devices (mono-skis, bi-skis), and tethering straps will be available. Your instructor will assess your abilities and adapt the training

program to meet your needs. You will have an opportunity to participate in at least two ski lessons during the event.

Aside from skiing, the Winter Sports Clinic will also host a sled hockey clinic, air rifle shooting, basketball game, sports massage and other activities. An opening reception on Monday evening, a basketball game on Tuesday night, and a banquet on Thursday night are traditional favorites.

### **Advanced Ski Clinic 2018**

An Advanced ski clinic is being held for participants who have reached an independent skier level and wish to improve their techniques. We will be working on the race course and more advanced terrain. We will keep you updated on new and upcoming information about this clinic.

### **WHERE is the Winter Sports Clinic held?**

The clinic will be held at Mount Sunapee, New Hampshire in partnership with New England Healing Sports Association (NEHSA). Space is limited at this event. Only fully completed applications will be reviewed.

**Registration will be held at a local hotel between the hours of 9:00 a.m. and 2:00 p.m. on Monday, January 22<sup>nd</sup>. You need to check-in to be fitted for equipment and get your personal equipment checked before 2:00 p.m. If this is not done, you will risk losing a ski session.**

### **WHAT is included?**

Veterans are expected to pay for their room charges, as well as transportation to and from the Winter Sports Clinic. However, most meals will be provided free of charge throughout the week:

**Monday:** Dinner provided

**Tuesday:** Breakfast, Lunch, and Dinner provided

**Wednesday:** Breakfast, Lunch, and Dinner provided

**Thursday:** Breakfast, Lunch, and Dinner provided

**Friday:** Breakfast provided

Breakfast is provided, with lunches and dinner being provided through donations and sponsors, and menus are not specified.

Ski instruction, ski equipment, lift tickets and all other related clinic activities are free of charge.

### **HOW do I register?**

Veterans can apply to participate by completing all elements of the registration packet. **Only fully complete applications received by November 1<sup>st</sup>, 2017 will be reviewed.**

Mail your complete application to:

**Jenny L. McLaughlin  
VA Boston Healthcare System  
940 Belmont St (BR 135)  
Brockton, MA 02301**

**WHAT if I need medical care?**

A VA physician and registered nurse make up our onsite medical team. If you need daily supportive care or assistance in activities of daily living then you must arrange for your own support personnel. ADL assistance for bathing, showering and catheter care is not planned. We recommend that if you anticipate needing personal equipment or supplies such as catheters, leg bags, irrigating solutions, shower chairs, etc. that you bring these items with you.

**BRING ALL NECESSARY MEDICATIONS WITH YOU.****WHAT else should I bring?**

- ✓ A bathing suit for the pool.
- ✓ Waterproof outerwear that is designed for winter conditions. It can rain and sleet in January it is recommended that you bring waterproof shells and pants are a welcomed addition to thermal underwear, extra pairs of dry socks, winter jackets and snow pants.
- ✓ Good hats that cover the ears, thermal gloves or mittens (mittens are warmer), sturdy boots, sunglasses, and sunscreen are helpful.
- ✓ Your team leader can help you decide what clothing to bring.



**All information must be provided for application to be considered**

**SECTION I: CONTACT INFORMATION:**

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Number of Years attending the WSC: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**Participant Code Of Conduct:** I, the undersigned agree to participate as a team member of New England Winter Sports Clinic by respecting and adhering to the rules. Should I stray from my path, my coach(es) and/or team will work with me to guide me in the right direction and I understand the meaning of personal responsibility. If my behavior(s) dishonor myself, the team, and/or program then I accept the consequences even if it means being separated from the team and/or program. I understand that this is a part of my ongoing rehabilitation and the rehabilitation of my fellow veterans.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Participant Name: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION II: GENERAL SKI INFORMATION/ALTERNATE ACTIVITIES**

Have you skied since your injury?  No  Yes

What type of skiing will you do? (Check all that apply) :

- Standing Up/Alpine       Sitting down (weight limit 220 pounds)  Snowboard
- Mono Ski               Bi-Ski
- 2-Track Stand-Up (two regular skis and poles)
- 3-Track Stand-Up (one regular ski and two outriggers)
- 4-Track Stand-Up (two regular skis and two outriggers)

**If you are Visually Impaired, you must check one of the additional boxes:**

- Standing visually impaired (with guide)       Sitting visually impaired

If you are Visually Impaired and can walk, but you wish to ski sitting down, you must weigh 220 pounds or less.

Patient's Shirt Size (circle one) :  SM    MED    LG    XLG    2XLG    3XLG

What level of skier/snowboarder are you?  Beginner  Intermediate  Advanced

If you ski/snowboard standing, do you wear leg braces?    No                       Yes

If you ski/snowboard standing, what is your shoe size?

Men's \_\_\_\_\_                      Women's \_\_\_\_\_

Can you ski/snowboard independently?    No               Yes

Are you planning on bringing your own ski/snowboard equipment?  No               Yes

If yes, what type of ski/snowboard equipment will you bring?

\_\_\_\_\_  
\_\_\_\_\_

Instructor Preference: \_\_\_\_\_

**\*\*Exhibition Event: Sled Hockey** Are you interested in trying this event?    Yes    No

**SECTION III: ACCOMMODATIONS**

**SECTION IIIa: HOTEL,**

Will you be requesting hotel accommodations?  YES  NO

Would you be willing to share a room?  YES  NO

Do you need an accessible room?  YES  NO

Please specify if there are any changes needed within the room: \_\_\_\_\_

\_\_\_\_\_  
\*\*please note that there are a limited number of accessible rooms available at the hotel\*\*

If you have a roommate preference, list their name below so that we can maximize the rooms available.

Roommate's Name: \_\_\_\_\_

Are you bringing family member(s) or a caregiver? If yes, please provide their name(s) and ages if under the age of 18 years old: \_\_\_\_\_

\_\_\_\_\_  
**Once your application has been reviewed and you have been accepted you will need to contact the hotel to provide a credit card number for payment. The hotel contact information will be provided in the acceptance letter.**

**SECTION IIIb: FOOD**

- Vegetarian
- Gluten Free
- Other: \_\_\_\_\_

Please list any dietary restrictions, food allergies, etc. below:

\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV: GENERAL MEDICAL EXAMINATION**

**\*\*TO BE COMPLETED BY EXAMINING CLINICIAN \*\***

*To Clinicians: Your patient is planning on participating in an outdoor rehabilitative sporting event that takes place at a ski area in New England in January. Please assist us in ensuring that applicants are appropriate for this rehabilitative activity by conducting a detailed review of your patient's medical record. High risk patients may include a quadriplegic who is a smoker and overweight, brittle diabetics, patients with severe COPD or any patient who requires close medical supervision. All activities are done in a supportive environment to ensure positive outcomes and safety. Should you have questions regarding this event and the activities please feel free to call or email Jenny McLaughlin, CTRS Adaptive Sports Case Manager at 774- 826-1955*

[Jenny.McLaughlin@va.gov](mailto:Jenny.McLaughlin@va.gov)

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

VAMC where patient receives care: \_\_\_\_\_

**SECTION IVa: DIAGNOSIS:**

Primary Diagnosis/Type of Injury (Date of Onset: \_\_\_\_\_ )

Spinal Cord Injury: Level:\_\_\_\_\_ Complete Incomplete

Multiple Sclerosis Head Injury CVA with residual

Amputee : Leg Right Left A/K B/K  
Arm Right Left A/E B/E

Other: \_\_\_\_\_

**Visual Impairment Diagnosis:**

Legally Blind (best corrected <20/200 ou) Field Loss Totally Blind

Which eyes are affected Right Left Both

Can patient see with glasses Yes No

Other visual problems (specify): \_\_\_\_\_

**SECTION IVb: HISTORY**

Has your patient ever had or currently having problems with (Please check all boxes that apply).

- |  |  |
|--|--|
| <input type="checkbox"/> Altitude sickness   | <input type="checkbox"/> COPD                    |
| <input type="checkbox"/> High altitude pulmonary edema                                       | <input type="checkbox"/> Seizures                |
| <input type="checkbox"/> Current mental illness requiring psychiatric care                   | <input type="checkbox"/> Asthma                  |
| <input type="checkbox"/> Chronic pain requiring narcotics                                    | <input type="checkbox"/> Hypoxia requiring O2    |
| <input type="checkbox"/> Anticoagulation   | <input type="checkbox"/> Coronary Heart Disease  |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Dysreflexia (autonomic) |
| <input type="checkbox"/> Evidence of gastric (small intestine or large intestine) irritation |  |

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**SECTION IVc: PHYSICAL EXAMINATION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (Weight limit is 220 lbs)

Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_ Head & Neck: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Extremities: \_\_\_\_\_

Sitting Balance      Normal      Fair      Poor

Does the patient smoke?                      Yes    No

Does this patient require an attendant?      Yes    No

Do they use a wheelchair for mobility?      Yes    No

What other adaptive equipment do they use? \_\_\_\_\_

\_\_\_\_\_

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**In your professional opinion, the above applicant is: (PLEASE CHECK ONE)**

**CLEARED TO PARTICIPATE**

**NOT CLEARED TO PARTICIPATE**

**Signature of Examining Clinician:** \_\_\_\_\_

**Please Print Clinician's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Pager Number:** \_\_\_\_\_

*Should you have questions regarding this event and the activities please feel free to call or email Jenny McLaughlin, CTRS Adaptive Sports Case Manager at 774 826-1955 [Jenny.McLaughlin@VA.GOV](mailto:Jenny.McLaughlin@VA.GOV)*



**CONSENT FOR PRODUCTION AND USE OF VERBAL OR WRITTEN STATEMENTS, PHOTOGRAPHS, DIGITAL IMAGES, AND/OR VIDEO OR AUDIO RECORDINGS BY VA**

Name of individual whose statement, **\*\*PRINT\*\*** likeness, or voice is requested

**NOTE:** The execution of this form does not authorize production or use of materials except as specified below. The specified material may be produced and used by VA for authorized purposes identified below, such as education of VA personnel, research activities, or promotional efforts. It may also be disclosed outside VA as permitted by law and as noted below. If the material is part of a VA system of records, it may be disclosed outside VA as stated in the "Routine Uses" in the "VA Privacy Act Systems of Records" published in the Federal Register.

The purpose of this form is to document your consent to the Department of Veterans Affairs' (VA) request to obtain, produce, and/or use a verbal or written statement or a photograph, digital image, and/or video or audio recording containing your likeness or voice. By signing this form, you are authorizing the production or use only as specified below.

You are NOT REQUIRED TO CONSENT TO VA's REQUEST to obtain, produce, and/or use your statement, likeness, or voice. Your decision to consent or refuse will not affect your access to any present or future VA benefits for which you are eligible.

You may rescind your consent at any time prior to or during production of a photograph, digital image, or video or audio recording, or before or during your provision of a verbal or written statement. You may rescind your consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance, and the number of parties involved.

The photograph, digital image, and/or video or audio recording will be produced while I am (describe the activity or situation) **(To Be Completed by the Department of Veteran Affairs, if applicable)**

participating in the 2018 New England Winter Sports Clinic in honor of Tony Santilli at Mount Sunapee in partnership with NEHSA (New England Healing Sports Association)

**Check at least one of the following (to be completed by VA)**

I hereby voluntarily and without compensation authorize VA BOSTON HEALTHCARE FACILITY  
Name of Facility

to produce a photograph, digital image, and/or video or audio recording of me (or of the above named individual if the individual is legally unable to give consent).

I hereby voluntarily and without compensation authorize VA BOSTON HEALTHCARE FACILITY  
Name of Facility

to obtain or use a verbal or written statement from me ( or the of the above named individual if the individual is legally unable to give consent).

I consent to allowing VA to record and use a verbal or written statement, or produce and use photographs, digital images, and video or audio recording for the purpose(s) identified below:

This product will be used: (NOTE: At least one of these boxes must be checked as well as a purpose described below) (to be completed by VA)

Internally (stay within VA)     Externally ( shared outside VA)

**Please check the applicable purpose(s) (to be completed by VA)**

**Promotional Efforts:**

Internal Publication (only VA)     External publication (publicly available)

Other (Specify): \_\_\_\_\_

**Research Activities:**     Study

**Education Purposes:**

Presentation     Conference     Publication in a Journal     Training

Other (Specify): \_\_\_\_\_

**VA ONLY Use:**

Performance Improvement     Quality Improvement     Health Care Operations

Other (Specify): \_\_\_\_\_

All of the Above

**NOTE:** Do not sign this form unless one or more of the boxes above has been checked.

I have read and understand the foregoing, and I consent to the use of a verbal or written statement from me, and/or of my likeness and/or voice as specified for the above-described purpose(s). I understand that no royalty, fee, or other compensation of any kind will be made to me by the United States for such use. I understand that consent to obtain, produce, and/or use a verbal or written statement, photograph, digital image, and video or audio recording containing my likeness or voice is voluntary, and my refusal will not adversely affect my access to any present or future VA benefits for which I am eligible. I further understand that I may, at any time, rescind my consent prior to or during production of a photograph, digital image, or video or audio recording. I also understand that I may rescind my consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance, and the number of parties involved.

\*\*

_____	_____	1/22/18
<b>Print Full Name (First and Last Name)</b>	<b>Signature</b>	<b>Date</b>

<b>Consent Obtained By (TO BE COMPLETED BY VA)</b>		
Jenny L. McLaughlin, CTRS	Adaptive Sports Case Manager	1/22/18
<b>Print Employee Full Name</b>	<b>Title</b>	<b>Date</b>

**Signature of Person Obtaining Consent (TO BE COMPLETED BY VA)**

\_\_\_\_\_

*Jenny L. McLaughlin, CTRS*  
Signature

**IMPORTANT:** If VA is providing or releasing any patient health or demographic information with the verbal or written statement, photograph, digital image, or video or audio recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information, is required prior to the release of such data to any source outside VA.

# NEHSA

## PARTICIPANT PHYSICAL Form 2017/2018 (Please Print)

Please update all information yearly for accuracy

**\*\* Please include a photo of the student for our records**

Date: \_\_\_\_\_

### PERSONAL INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are you a Military Veteran: YES  NO  YES branch & years of service \_\_\_\_\_ / \_\_\_\_\_

Disability: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Alt Phone \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently taking any Medications? YES  NO  If YES please list: \_\_\_\_\_

\_\_\_\_\_

Are there side effects of current Medications? YES  NO  If YES please describe:

\_\_\_\_\_

Is there a medication schedule that we should be aware of? \_\_\_\_\_

Have you ever had SEIZURES? YES  NO  If YES, date of last seizure \_\_\_\_\_

Describe the type of seizure \_\_\_\_\_

\_\_\_\_\_

Do you have any ALLERGIES? YES  NO  If YES, Please List \_\_\_\_\_

\_\_\_\_\_

Do you have any BLADDER or BOWEL ADAPTATIONS? YES  NO

Please list any adaptations: \_\_\_\_\_

\_\_\_\_\_

Are there any precautions we should be aware of regarding bladder/bowel control?

\_\_\_\_\_

### ADAPTIVE SPORTS EXPERIENCE:

Ski  Snowboard  Kayaking  Rowing  Cycling

Did you participate before becoming disabled? YES  NO

If YES at what level:

Beginner  Intermediate  Advanced

Have you participated since becoming disabled? YES  NO

Where and how often? \_\_\_\_\_

How would you rate your level?

Beginner  Intermediate  Advanced

Do you have your own equipment that has been checked by an authorized dealer?

YES  NO

What are your adaptive sports goals? \_\_\_\_\_

\_\_\_\_\_

Do you require assistive devices?

YES  NO

If YES, please describe: \_\_\_\_\_

\_\_\_\_\_

## PHYSICAL FUNCTIONING

How long can you remain active? \_\_\_\_\_

Do you participate in any other sports? YES  NO

If YES, what sports: \_\_\_\_\_

Do you participate in any exercise program? YES  NO

If YES, please describe \_\_\_\_\_

Are you currently working / attending school / volunteering? YES  NO

If YES, how long is your average school / work day? \_\_\_\_\_

Do you have difficulty breathing? YES  NO

Do you experience Motion Sickness? YES  NO

## RANGE OF MOTION

Do you have normal range of motion in the following?

Right arm: YES  NO

Left arm: YES  NO

Right leg: YES  NO

Left leg: YES  NO

If NO to any, please describe: \_\_\_\_\_

Describe your strength:

Upper Body: Weak  Average  Strong

Lower Body: Weak  Average  Strong

Left Side: Weak  Average  Strong

Right Side: Weak  Average  Strong

## COORDINATION:

Do you have difficulty with balance? YES  NO

If YES, Describe: \_\_\_\_\_

## SENSATION:

- Is any part of your body paralyzed? YES  NO
- Do you require weight shifts? YES  NO
- Can you feel hot and cold normally? YES  NO
- Do you have any ski/snowboard precautions? YES  NO

If YES, please explain: \_\_\_\_\_

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## COMMUNICATION:

- Can student make needs known to instructor? YES  NO
- Does student have difficulty speaking or communicating? YES  NO
- Do others have difficulty understanding student? YES  NO
- Does student have difficulty remembering things? YES  NO
- Does student have difficulty in learning new things? YES  NO
- Does student have difficulty following directions? YES  NO
- Does student have difficulty hearing? YES  NO

If YES to any of these questions, PLEASE EXPLAIN:

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Useful phrases or words that work best with student \_\_\_\_\_

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- Does student use non verbal communication? YES  NO

If YES:

- Mayer Johnson Symbols
- Sign Language
- Picture Exchange Communication System (PECS) - Sentence Board or Gestures
- Other \_\_\_\_\_

- Will you be bringing a communication system with you? YES  NO

Are there any symbols/signs that we can have available to assist with communication?

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**VISION:**

Do you wear glasses?            YES       NO

Do you wear contacts?        YES       NO

Please mark any of the following that are true about your vision:

double vision \_\_\_\_\_ Visual perceptual problems \_\_\_\_\_

can only see to one side \_\_\_\_\_ Which side, left \_\_\_\_\_ right \_\_\_\_\_

**HEARING**

Do you have a hearing impairment?            YES       NO

Do you wear a hearing aide?                    YES       NO

If YES, please explain \_\_\_\_\_

**BEHAVIOR/EMOTIONS:**

Impulsive?    YES       NO

Do you become easily frustrated?                YES       NO

Do you become angry easily?                    YES       NO

Do you every physically or verbally lose control?    YES       NO

If YES, please describe in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the best ways to help you gain control? \_\_\_\_\_

Behavior for instructors to discourage: \_\_\_\_\_

**PLEASE GIVE ANY ADDITIONAL INFORMATION THAT MAY HELP US TO PREPARE FOR A SUCCESSFUL NEHSA EXPERIENCE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 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 , New England Handicapped Sports Association 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 New England Handicapped Sports Association 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 NH and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Merrimack County, NH; 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.**

<b>Participant’s Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

**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.

<b>Minor’s DOB</b>	<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>

**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.

<b>Participant’s Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>
		<b>Date</b>

**SEASON PASS AGREEMENT RELEASE OF LIABILITY AND CONDITIONS OF USE BY NEHSA STAFF,  
VOLUNTEERS AND STUDENTS**

1. As a staff person, member, employee, agent, officer, director, volunteer or student of the New England Handicapped Sports Association, Inc. ("NEHSA"), I understand and accept that skiing and/or snowboarding and participating in adaptive programs, including the use of adaptive equipment, in their various forms are hazardous activities that have many dangers and risks. I realize that accidents and injuries frequently occur at ski areas and that many obstacles and hazards exist that may or may not be visible. I agree as a condition of being allowed to use Mount Sunapee Resort premises and facilities, that I accept and voluntarily assume all risks of personal injury, death or property damage. **I hereby RELEASE** Mount Sunapee Resort, the Sunapee Difference LLC, Resort Asset Management LLC, Triple Peaks LLC, Triple Peaks Inc., CLP Mount Sunapee LLC, Ski Resort Holdings LLC, and the State of New Hampshire, and each of their direct and indirect parent companies, subsidiaries, affiliates, partners, members, managers, agents, employees, directors, officers and shareholders (hereafter "**RELEASEES**") **from any and all liabilities, including NEGLIGENCE**, for personal injury, death or property damage which results in any way from: conditions on or about the premises or facilities; the operation of the ski area including but not limited to grooming, snowmaking, and/or other ski area operations; natural or man-made obstacles and terrain features or their placement, visibility or condition; actions or omissions of customers, employees or agents of the ski area; or my participation in any form of skiing, snowboarding, or any other activities at the area, accepting for myself the full responsibility for any such damage or injury of any kind which may result.
2. I further agree that any claim which I may bring against any RELEASEES shall be submitted to the State or Federal courts of New Hampshire and that no claims or actions shall be brought in any other jurisdiction.
3. If I am entering into this Release of Liability on behalf of one or more minors, I hereby certify that I have full authority to act as the minors' legal guardian and in that capacity, I hereby release the RELEASEES from all claims of liability including NEGLIGENCE and further agree to fully indemnify, defend, and hold the RELEASEES harmless from any and all damages, losses, claims, and actions of any kind brought by any person, including these minor(s), which arise out of the use by the minor(s) of any Mount Sunapee premises or facilities.
4. By my signature below, I hereby certify that I have read and understand the terms of the above Release of Liability by NEHSA Staff, Volunteers and Clients in Favor of Mount Sunapee Resort et al. and I am signing it freely and of my own accord, realizing it is binding upon myself, my heirs and assigns.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

If you are signing on behalf of a minor(s), please print their name(s) below and indicate your agreement to be bound by Section 3 above by your signature below.

Minors' Names (please print)

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**If you qualify for a season pass, see next page.**