

# Central Maine Adaptive Sports

## Student / Sponsor Application

(This form is intended for use by, or on behalf of, all individuals and minors who wish to participate in CMAS as students or sponsors. It must be completed, have all required signatures and be accompanied by the required fee.)

Students'/Sponsor's Name: \_\_\_\_\_

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

City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ School: \_\_\_\_\_

Person to be contacted in case of emergency: \_\_\_\_\_

Home Phone Cell Phone Work Phone (If applicable)

Parent's / Guardian's / Spouse's Name (s): \_\_\_\_\_

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

City State Zip

Special Needs - Primary Disability: \_\_\_\_\_

How do you feel is the best way of their learning techniques?: \_\_\_\_\_

What are some of their dislikes and likes? \_\_\_\_\_

What winter sport is the Student interested in learning? \_\_\_\_\_

Do they have experience? Yes or No How many years: \_\_\_\_\_

What would you consider their level? Beginner Intermediate Expertise

Name of Primary Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

For your, or your child's medical well being, or in case of an emergency, what special needs or requirements should emergency responders know? \_\_\_\_\_

What is one goal you would like to see your Child/Student accomplish? \_\_\_\_\_

I (We) have consulted with a primary physician and/or therapist and have informed them of the participation in the adaptive winter sports program. They have advised me (us) that the participant is physically capable of participating in the following adaptive winter sports program. Recognizing that winter sports can be a hazardous, and in consideration of the agreement of Central Maine Adaptive Sports, Inc. to permit the above name individual or minor to participate in the adaptive sports program, hereby indemnify, release, and hold harmless Central Maine Adaptive Sports, Inc. is board members, advisors, Mentor-Coach, students, and their principals, supervisors, agents, employees and servants and all other persons or organization volunteering services without charge (collectively "The Release (s)") to organize, supervise, or in any way to facilitate the adaptive sports program from any claim or liability, whatsoever, including, but not limited to, personal injury, property-damage, loss of consortium, court costs, attorney's fees and interest, whether caused by the negligence of the Release (s) or otherwise, as a result of the above - named individual's or minor's or spouse's participation in the above described activity.

I (We) hereby assume full responsibility for any risk of bodily injury, death or property damage arising out of or relating to the activity, whether

caused by the negligence's of the Release (s) or otherwise.

I (We) hereby agree that this Indemnification Agreement and release extends to all acts of negligence of the Release (s) and is intended to be as broad and inclusive as is permitted by the laws of the State Of Maine.

I (We) state that there is accident & health insurance coverage that will cover the above named individual, or minor, or spouse while participating in the adaptive sports program and I (We) agree to maintain such coverage in full force and effect for the duration of the said activity.

I (We) further agree that Central Maine Adaptive Sports reserved the right to terminate the above-named individual or minor in the said activity for failure to behave and act in accordance with reasonable regulations regarding conduct, for failure to follow directions and instructions, or for any acts of conduct which are deemed to be detrimental to or incompatible with the interests, harmony, comfort, or welfare of the activity as a whole.

I (We) further agree that Central Maine Adaptive Sports reserves the right at any time prior to or during the said activity to make cancellations, changes, or substitutions in emergencies or changes conditions, or in the interests of the group participating in the said activity.

I (We) further agree that this Indemnification Agreement Release shall be governed by, construed, and enforced in accordance with the laws of the State of Maine, and that this Agreement shall bind and inure to the benefit of the parties' respective heirs, personal representatives, successors and assigns. It is agreed that the invalidity of any provision Agreement shall not affect any other part of this Agreement. I (We) understand that no agent, servant, or representative of Release (s) has authority to alter, modify, or waive any provisions of this Agreement.

**I (WE) ACKNOWLEDGE THAT I (WE) HAVE READ, UNDERSTAND, AND FREELY AND VOLUNTARILY SIGNED THIS INDEMNIFICATION AGREEMENT AND RELEASE. I (WE) INTEND MY (OUR) SIGNATURE (S) TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

**I (WE) GRANT PERMISSION FOR THE ABOVE NAME INDIVIDUAL OR MINOR TO PARTICIPATE IN THE ABOVE DESCRIBED ACTIVITY.**

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

\*\*\* Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I (We) authorize Central Maine Adaptive Sports to use any photographs, videos or other images or representations depicting or referring to the individual, or minor for any and all purposes in relation to the mission of Central Maine Adaptive Sports. I (We) authorize the individual's or minors image and name appear or be used in any brochure, advertisement, promotional material, article, website, other documents or event produced by or on behalf of Central Maine Adaptive Sports.

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

\*\*\*Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\$65.00 application / processing fee:    Yes                      No                      Received by: \_\_\_\_\_

**This fee is for the season which includes: ticket, rentals (Including helmet) and 1 1/2 hours of mentor - coach.**