

Central Maine Adaptive Sports

Mentor - Coach Application

Name: _____ Age: _____

Mailing Address: _____

M or F: _____ Telephone: (H) _____ City _____ State _____ Zip _____ W: _____

Email address: _____ Occupation: _____

Student - Mentor/Coach matching: Is there a particular student (S) you wish to continue begin instructing?

Student's Name: _____

Please circle what types of volunteer roles you are interesting in:

Alpine Skiing Coach Snowboarding Coach Snowshoeing Coach Advisor to Board

Sponsoring (mentoring) a Student Special Events Planning/Fund Raising X-Country

Public Relations & Mailings Mentor-Coach Recruitment Equipment Maintenance

How many years have you volunteered & what is your experience? _____

What is your current level of expertise in your winter sport? _____

What is your availability? (Lost Valley is open 7 days a week, including night hours) _____

Confidential*****Confidential*****Confidential*****

References: Give us contact information for two persons whom we may contact with regard to your application:

Name & Phone Number: _____

Name & Phone Number: _____

Additional Information: Comments or explanations to these questions should be attached on a separate page.

Have you ever been charged with a: A criminal offense that could have a bearing on your working with children/adults;
B any allegation of child/adult abuse or neglect; C any offense that would be classified as a sexually related offense;
D any allegations of domestic violence; E any criminal motor vehicle offenses?

Yes _____ No _____ Comments: _____

Do you have any substance abuse problem that may affect your working with children/adults? _____ Yes No _____

Are there any other facts of circumstances involving you or your background that would call into question your being entrusted with the care or supervision of children or adults? _____ Yes _____ No

Name of Person to notify in case of emergency: _____

Relationship: _____ Phone Number: H _____ C _____

End of Confidential Section

Central Maine Adaptive Sports/Mentor-Coach Release Agreement

I (We) understand that attendance is essential at pre-season training sessions to learn or expand my adaptive skiing skills and techniques and to become familiar with the various type of adaptive equipment. Above all I (We) realize that training is essential to maintain safety for both students and the Mentor-Coach.

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 Mentor-Coach:_____Date:_____**

*****If minor 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 Mentor-Coach:_____Date:_____**

*****If minor Signature of Parent / Legal Guardian:_____Date:_____**