



Summer 2019 Participant Information

Form Phone: 970 726 1518 Fax: 970 726 4112 Email:

Agency Name: _____ Activity Date: _____ P# (NSCD office use): _____

Participant Name _____ Nickname _____

Mailing Address _____ Email Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Height _____ Weight _____ Gender _____

Emergency Contact Information:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Primary Diagnosis: _____ Effects of diagnosis on participant: _____

Secondary Diagnosis: _____ Effects of diagnosis on participant: _____

Seizures: Yes ___ No ___ Frequency: _____ Type: _____

Date of last seizure: _____ Triggers: _____

Can participant tell if seizure is going to occur? Yes ___ No ___ Protocol: _____

Medications (Describe name, dose, frequency, purpose and side effects): _____

Can participant self-administer medication needed during activities: Yes ___ No ___

Food allergies/dietary restrictions: _____

List any restricted activities: _____

Please note information about the participant's behavior that would be helpful to NSCD staff.

___ No behavioral concerns

What are the signs that the participant is frustrated or upset? _____

How many hours at a time can they participate in this activity? _____ How long is their attention span? _____

Does the participant work better with a male or female instructor? _____

List methods that would make learning easier (visual, verbal, tactile): _____

Any additional information: _____

Please check all that apply.

Emotional:

- Acting out
- Aggressive behavior
- Anti-social
- Anxiety
- Depression
- Eating disorder
- Neurosis
- Psychosis
- Schizophrenia
- Substance abuse
- Self-abusive
- PTSD (Post traumatic stress disorder)
- Other: _____

Cognitive:

- ADHD
- Autism
- Distractibility
- Down syndrome
- Dyslexia
- Hyperactivity
- Developmental delays
- Other: _____

Physical:

- Allergies
- Amputation: _____
- Arthritis
- Arthrogyposis
- Asthma
- Brain injury
- Cerebral palsy
- Congenital heart disease
- Cystic fibrosis
- Diabetes
- Epilepsy
- Feeding tube
- Heart problems
- Muscular dystrophy
- Multiple sclerosis
- Polio survivor
- Respiratory disease
- Short stature (Little Person)
- Shunt
- Spina bifida
- Spinal cord injury
- Level of injury: _____
- Stroke
- Other: _____

Mobility:

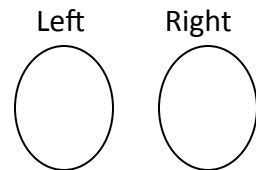
- Electric wheelchair
- Manual wheelchair
- Cane/Crutches/Walker
- Independent

Hearing:

- Deafness: R ___ L ___
- Hearing aid: R ___ L ___
- Cochlear Implant: R ___ L ___

Visual Field:

Check areas of no vision



Communication:

- Verbal
- Nonverbal
- ASL
- Other: _____

Goals and Expectations:

Programs: _____

Please checkmark 1-3 things you would like to improve. Please do not select more than 3.

Physical

- ◇ Maintain balance (P1)
- ◇ Display flexibility (e.g. joint ROM, extension, bending) (P2)
- ◇ Coordinate gross motor movements (P3)
- ◇ Coordinate fine motor movements (P4)
- ◇ Coordinate perceptual motor skills (e.g. speed distance, depth, visual and auditory cues) (P5)
- ◇ Ambulate semi-dependently (frequent physical assistance) (P6)
- ◇ Ambulate semi-independently (occasional physical assistance) (P7)
- ◇ Ambulate independently (no physical assistance) (P8)

Cognitive

- ◇ Attend (C1)
- ◇ Follow directions (C2)
- ◇ Recall (C3)
- ◇ Read, count, interpret symbols (C4)
- ◇ Orient self to people, place and time (C5)
- ◇ Sequence (C6)
- ◇ Organize, plan (C7)
- ◇ Judge, decide, problem-solve, strategize (C8)

Social

- ◇ Nonverbally express needs (S1)
- ◇ Verbally express needs (S2)
- ◇ Listen & acknowledge receipt of communication (S3)
- ◇ Observe & demonstrate modeled actions (S4)
- ◇ Use etiquette, manners (S5)
- ◇ Cooperate (e.g. wait, take turns, help) (S6)
- ◇ Respect boundaries, personal space (S7)
- ◇ Socially engages with others present (S8)

Emotional

- ◇ Respond to external motivator (E1)
- ◇ Integrate sensory input (E2)
- ◇ Accept responsibility (E3)
- ◇ Regulate self (i.e. balance and stability of behavior) (E4)
- ◇ Articulate goals/preferences (E5)
- ◇ Display pleasure, satisfaction, enjoyment (E6)

Leisure

- ◇ Negotiate barriers to inclusive participation (L1)
- ◇ Identify adaptations/supports for inclusive participation (L2)
- ◇ Display recreation competence to participate with family/friends, inclusively (i.e. independently of NSCD program) (L3)

2019 SUMMER INDIVIDUAL POLICIES/PROCEDURES

A signed copy of this form must be returned to NSCD. Maintain a copy of the policy/procedures form for your records.

- Please make certain that the participant's full name is used on all forms.
- An emergency contact name must be provided along with a cell phone number or daytime phone number where the contact can always be reached.
- There are no complimentary or discounted passes for family members of participants in NSCD lesson programs.
- A non-refundable 50% deposit is due at the time a reservation is made. The remainder of your payment is due *thirty (30) days prior* to your first scheduled lesson. The credit or debit card used for the deposit will automatically be billed for the balance unless other arrangements are made in advance with NSCD. Full payment *must* be received 30 days in advance. Failure to make payment in advance will result in the cancellation of your reservation. If a lesson is scheduled within thirty (30) days of service, the full payment is due at the time of the reservation.
- Lessons cancelled by NSCD will be re-booked or refunded at the discretion of the NSCD. Lessons may be re-booked or refunded in the event of closure of the Winter Park Resort, or other major highways when such closure impedes travel to your NSCD lesson. NSCD will determine the date or dates for make-up lessons.
- Participants cancelling reservations with less than 14 days' notice will be charged 50% of the activity cost.
- Participants rescheduling reservations with less than 14 days' notice will incur a \$25 change fee due at time of reservation reschedule
- If a participant does not attend a scheduled activity and does not call to cancel 24 hours in advance to the start of the activity they are considered a "no show" and there will be no refund.
- Lessons begin promptly on time. Please allow ample time for travel, parking and lesson preparation. Late arrivals need to call the NSCD office at 970-726-1518, or if running late to Therapeutic Horseback riding please call 970-531-1374. For Denver programming running late please call 720-333-5481 to give notice of expected arrival time. Lesson reservations will be forfeited if the NSCD has not been notified of an arrival delay by those times.
- All necessary forms must be completed and returned to NSCD *at least* 30 days prior to the first scheduled lesson. If a lesson is booked with 30 days or less of the day of the lesson all necessary forms are due as soon as possible.

The policies and procedures stated above supersede all previous practices and will be enforced for the 2019 Summer/Fall season.

By signing below, I agree and confirm my understanding and acceptance of the above policies and procedures. Failure to sign this sheet may result in forfeitures of the lesson reservation.

Name of Participant (please print): _____

Parent (if under age 18): _____

Signature: _____ Date: _____

This document must be signed by a parent if the participant is under age 18.

Thank you for choosing the National Sports Center for the Disabled.

First Aid Medication Permission Form - 2019

(To be completed by physician)

Please initial next to all first aid medications allowable for _____
(Print patient name)

Physician Name: _____
(Print physician name)

Physician Signature: _____ Date: _____

_____ **Pain Away** containing acetaminophen 250mg, aspirin 250mg, and caffeine 65mg

_____ **Acetaminophen** (pain reliever) 500mg tablets

_____ **Ibuprofen** (pain reliever) 200mg tablet

_____ **First Aid Cream** (to prevent infection in minor cuts and scrapes) containing lidocaine HCL 0.5% and benzalkonium chloride 1.0%

_____ **Triple Antibiotic** (to prevent infection in minor cuts and scrapes) containing Bacitracin 400 units, Neomycin Sulfate 5mg (equivalent to 3.5 mg of Neomycin base.) Polymyxin B Sulfate 5000 units.

_____ **Hydrocortisone** contains hydrocortisone acetate (equivalent Hydrocortisone 1.0%)

_____ **Alcohol pad** (cleanse minor scrapes and burns) saturated with 70% isopropyl alcohol

_____ **Betadine** (broad-spectrum antiseptic) 10% povidone-iodine solution

_____ **Burn Aid** (relief for minor burns, scalds and sunburn) contains purified water, melaleuca oil, PEG 7 glyceryl cocoate, alpha tocopheryl acetate, propylene glycol, carbomer, triethanolamine, lactic acid

National Sports Center for the Disabled

2019 Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/Assistive Devices: _____

For those with Down syndrome: AtlantoDens Interval X-rays, date: _____ Result: + —

Neurologic Symptoms of Atlanto Axial Instability: _____

Please check current or past special needs in the following systems/areas, including surgeries:

		Comments
Auditory		
Visual		
Tactile Sensation		
Speech		
Cardiac		
Circulatory		
Integumentary/Skin		
Immunity		
Pulmonary		
Neurologic		
Muscular		
Balance		
Orthopedic		
Allergies		
Learning Disability		
Cognitive		
Emotional/Psychological		
Pain		
Other		

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that NSCD will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the NSCD Therapeutic Riding Center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____

Medication Administration Form - 2019
(Please complete one form per medication)

The parent/guardian of _____ requests NSCD staff to administer the following medication _____ (Name of medication and dosage) at the following time(s) _____ to my child, according to the Health Care Provider signed instructions on the lower part of this form.

The Program agrees to administer medication prescribed by a licensed health care provider. It is the parent /guardian’s responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by staff.

Prescription Medications must come in a container labeled with: child’s name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care providers name. Pharmacy name and phone number must also be included on the label.

Over the Counter Medication must be labeled with child’s name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child’s health care provider to share information about the administration of this medication with the NSCD staff delegated to administer medication.

Parent/Legal Guardian’s Name	Parent/Legal Guardian’s Signature	Date
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Work/Cell Phone	Home Phone
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Health Care Provider Authorization to Administer Medication

Participants Name: _____ Birth date: _____

Medication: _____

Dosage: _____ Route: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority	License Number
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Phone Number	Date
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Please keep all medication(s) in original container and medication reminders (med minders) empty when arriving at camp

NATIONAL SPORTS CENTER FOR THE DISABLED (NSCD) CONSENT TO EMERGENCY CARE

Minor Participant's Name					
Mailing Address					
City		State		Zip	
Minor's Home Phone		Age		Date of Birth	/ /
Parent/Legal Guardian Name					
Work Phone		Cell		Home	
Parent/Legal Guardian Name					
Work Phone		Cell		Home	

Parent/Legal Guardian ("Parent") understands and agrees the completing this form is voluntary. By completing this form, Parent hereby authorizes National Sports Center for the Disabled (NSCD) to disclose this form to health care providers and retain one copy for its records. Parent warrants and represents that Participant is in good health, can safely participate in the activities, there are no special problems associated with the care of the Participant not described below and the undersigned Parent has left no special instructions that have not been listed on this form. Parent hereby authorizes the group sponsor, trip leader, NSCD and/or their respective authorized personnel to call for and provide ski patrol and/or rescue operation services, to call for medical care for the Participant, or to transport Participant to a medical facility or hospital, if in the opinion of such personnel medical attention is necessary. Parent also consents to the care, treatment and/or procedures, under the instructions and directions of a licensed health care provider. It is understood that reasonable efforts will be made to notify Parent at the earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consent in advance to such ski patrol and/or rescue operations, medical care, treatment and/or procedures and encourage the health care provider, and NSCD to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent agrees to pay all costs associated with such medical care and related transportation and shall specifically indemnify and hold harmless NSCD and their employees, agents and representatives from any and all costs arising out of such care, treatment and/or procedures.

Parent/Legal Guardian's Name	Parent/Legal Guardian's Signature	Relationship	Date

PLEASE COMPLETE THE FOLLOWING LEGIBLY AND THOROUGHLY:

OTHER EMERGENCY CONTACTS

Person other than Parent/Legal Guardian		Phone	
Family Physician		Phone	
Family Dentist		Phone	

MEDICAL HISTORY

Date of last tetanus shot
List ALL medications presently being taken and for what
List ALL known allergies (food, drugs, environmental)
Describe ALL health problems or additional medical information (use back if needed)

INSURANCE

Policy Holder's Name	
Insurance Company Name	
Insurance Company Address	
Insurance Company Phone	
Policy Number	

The NSCD respects your privacy. Your personal information is not shared, without your consent, with third parties for the purpose of marketing or selling their products or services.

RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS
READ CAREFULLY BEFORE SIGNING

WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND CONSENT FOR MEDICAL TREATMENT.

NATIONAL SPORTS CENTER FOR THE DISABLED ("NSCD") 2019 NON-SKIING ABILITY CLINICS, CAMPS AND PROGRAMS

The Participant identified below, if at least 18 years old, or, if participant is younger than 18 or is otherwise a protected person ("Protected Person"), the Protected Person's parent or legal guardian, has read this agreement and has signed it on behalf of him/herself and the Protected Person, if applicable. The adult Participant or the Protected Person's parent or legal guardian will be referred to herein as "Adult", and Adult and the Protected Person are collectively referred to as the "Undersigned". "Participant" refers to the person actually taking part in some or all of the NSCD Activities described below (collectively "Activities", individually an "Activity"). **The Undersigned understand and agree that Participant will not be permitted to take part in an Activity unless this Warning, Assumption of Risk, Release of Liability and Indemnity Agreement and Consent for Medical Treatment ("Agreement") is fully executed.**

UNDERSIGNED UNDERSTAND, ACKNOWLEDGE AND AGREE THAT THIS AGREEMENT WILL APPLY FOR EACH AND EVERY DAY PARTICIPANT ENGAGES IN ANY NON-SKIING ACTIVITY DURING 2019 WITHOUT REQUIRING UNDERSIGNED TO SIGN AN ADDITIONAL AGREEMENT FOR EACH DAY AND/OR EACH ACTIVITY UNTIL UNDERSIGNED REVOKE IT IN WRITING AND THAT WRITING IS ACCEPTED IN WRITING, SIGNED BY THE NSCD'S AUTHORIZED REPRESENTATIVE. ADULT ACKNOWLEDGES, UNDERSTANDS AND AGREES THAT BY SIGNING THIS AGREEMENT ADULT FOR HIM/HER SELF AND, IF APPLICABLE, ON BEHALF OF THE PROTECTED PERSON, IS ASSUMING RISKS, WAIVING RIGHTS AND RELEASING CLAIMS IN ADDITION TO THOSE ADDRESSED BY COLORADO LAW. UNDERSIGNED UNDERSTAND AND AGREE THAT ASSUMPTIONS OF RISK AND LIMITATIONS OF LIABILITY AS SET FORTH IN COLORADO LAW SHALL APPLY TO EVERY ACTIVITY IN WHICH PARTICIPANT ENGAGES THROUGH OR IN CONNECTION WITH THE NSCD WHETHER INSIDE OR OUTSIDE OF THE STATE OF COLORADO.

Undersigned understand and agree that indoor and outdoor recreational Activities involve certain dangers and risks that can lead to injury and death. Such risks and dangers include, without limitation, dehydration, overexertion, heat related injuries, insect bites/stings, rapidly changing weather conditions, exposure to the sun, hail, rain and lightning, wildlife encounters, uneven terrain and playing fields, rocks and gravel and potentially slippery conditions and/or travel to or from an Activity. For those Activities taking place in Colorado, additional risks include, but are not limited, to reduced oxygen in the air at high altitude, falling trees and limbs and an increased risk of dehydration. **Adult agrees that that he/she will and will instruct and direct Minor to abide by the rules and regulations of the NSCD and to follow instruction and direction from NSCD staff.** Undersigned further understand and agree that certain of the Activities in which Participant will be engaged involve risks, known or unknown, inherent or otherwise, in addition to those stated herein above and some of those risks are described below. **Undersigned nonetheless understand and agree that Undersigned is accepting all of the risks involved in all Activities available at the Resort and not just the Activities and risks described both above and below.**

ACTIVITIES: These Activities are HAZARDOUS and have the potential for severe injury, permanent disability, or death.

RAFTING, KAYAKING, PADDLE BOARDING, SAILING, CANOEING, SWIMMING, WATER SPORTS Rafting, kayaking, paddle boarding, sailing, canoeing, swimming and water sports have additional risks including but not limited to choice of boating course, carrying boats and other equipment, accidents or illness in remote places, hidden and underwater rocks, logs and plant life, and other obstacles, changing water and currents, unpredictable currents, drowning, hypothermia, overturning, entrapment of body parts, contact with obstacles or other persons participating in the same or similar activities, negligence or misconduct of such persons, slipping and falling, and equipment failure.

CAMPING, HIKING and FISHING Camping, hiking and fishing have additional risks including, but not limited to, exposure to the elements, lightning, hypothermia, changing weather conditions, possibility of becoming lost or disoriented, drowning, wildlife encounters, dangers caused by other persons engaged in similar activities and the negligence of such persons, misuse or careless use of equipment, equipment failure, slippery, uneven and unstable footing, hitting rocks or other objects and the possible occurrence of landslides and flooding.

FIELD AND COURT SPORTS, FENCING, CURLING, ICE HOCKEY Field and court sports, fencing, curling and ice hockey have additional risks include without limitation, the action or inaction of the Participant or others participating in the activities, the condition of the premises where the activities take place, actions or inactions of coaches, trainers, supervisors, observers, and attendants conducting the activities and risks inherent in the sports themselves such as throwing, catching and hitting balls and/or pucks, swinging of bats, clubs, hockey sticks and rackets, slipping and or tripping and falling on ice, use of foils, epees and sabres, use of curling stones, and use of any other sports equipment, contact and/or collisions with other participants and use of any equipment provided or made available by the NSCD and the potential for equipment malfunction.

CLIMBING WALL The Climbing Wall has additional risks, including, but not limited to, failure of equipment and/or rope failure, misuse or careless use of equipment, improper use of equipment, loose holds, slipping and falling.

ROCK CLIMBING Rock Climbing including bouldering, rappelling, and tyrolia bridge activities, have additional risks, including, but not limited to, failure of equipment and/or rope failure, slipping and falling, exposure to changing and dangerous weather conditions, lightning, uncertain, slippery and unstable surfaces for footing and hand holds, dangers caused by other persons engaged in similar activities, misuse or careless use of equipment, improper use of equipment, the possible occurrence of landslides and falling rocks, stones and other objects. Rock Climbing also involves strenuous physical activity that may be hazardous to some people due to their physical condition and the high altitude at which the climbing occurs.

ROAD BIKING Road biking has additional risks, including, but not limited to, uneven and/or slippery road conditions, narrow roads, variations in terrain, bumps, loose gravel and dirt, wet surfaces, holes and potholes, debris, equipment failure, including sudden flat tires, encountering vehicles, animals, pedestrians and other cyclists, negligence or reckless conduct of drivers or others and exposure to the elements including rain, wind and lightning.

MOUNTAIN BIKING Mountain biking is different than road biking, and may be more dangerous than road biking in that it is done on partially improved and unimproved trails and roads, as well as on naturally rugged terrain. Mountain biking involves risks, including, but not limited to, equipment failure, rocks of various sizes, trees, roots, tree stumps, logs, cliffs, rock drops, holes and potholes, depressions, streams and creeks, dirt and other constructed features such as bridges, ramps, ladders, bumps, berms, jumps and drops, wallrides, elevated stunts, uneven and/or slippery trail conditions, varying slopes, variations in terrain, forest growth, wildlife encounters, loose gravel and dirt, wet surfaces, downed timber, debris, other riders, hikers and vehicles and the possibility of becoming lost or disoriented. Trail conditions and features may change quickly due to weather, use and other factors.

ARCHERY AND FIREARMS Archery and Firearm activities have additional risks including, but not limited to, use of sharp arrows, misuse of equipment by Participant, misuse and misdirection of archery equipment by other participants, Firearms, including the use of laser rifles or pellet rifles, involve risks including, but not limited, to, misfire of rifles and the possible misuse and misdirection of lasers and pellets by other participants.

ROPES COURSE, SLACK LINING The ropes course and slack line training have additional risks including but not limited to failure of ropes and/or, improper use of equipment, failure to listen to instructions, loose holds, slipping, falling and getting cuts, burns, bruises or abrasions due to contact with the ropes, or other surfaces.

PARKOUR AND OBSTACLE COURSES Parkour and obstacle courses are activities that involve running, climbing, swinging, vaulting, jumping, rolling and other full body movements on, over, under, and off of obstacles. These activities involve additional risks including but not limited to tripping, falling, rope burns, collisions or falls off of course obstacles, and overexertion

WRESTLING, JUDO, AND TAEKWONDO

Wrestling, judo, taekwondo and other personal contact sports involve various drills and activities, vigorous physical exercise, striking or throwing other participants and being struck or thrown onto gym mats or other surfaces, falling onto gym mats or other surfaces, and breaking wood boards with body parts. These activities include additional risks including but not limited to full body contact with other participants, tripping, falling, strenuous physical activity, and overexertion.

SKATEBOARDING, LONGBOARDING, ROLLER SKATING, IN-LINE SKATING

Skateboarding, Longboarding, roller skating and In-line skating activities involve additional risks including but not limited to tripping and falling on pavement, concrete or other hard surfaces, collisions with objects or other participants, and an inability to stop or maneuver quickly.

ALPINE SLIDE, ZEPHYR CHAIRLIFT, PUTTING COURSE, DISK GOLF, GEOCACHE, LEAPS AND BOUNDS BUNGEE, BOUNCY MOUNTAIN SLIDE

Activities at the base of Winter Park Resort include but are not limited to the Alpine Slide, Zephyr Chairlift rides, Putting Course, the Leaps and Bounds Bungee, Geocache, Bouncy Mountain Slide and on-mountain Disc Golf. Each is a **HAZARDOUS** activity that involves risks related to the use of equipment and its potential for unexpected failure or misuse. The Alpine Slide, Bungee, Geocache and Disc Golf also involve strenuous physical activity that may be hazardous to some people due to their physical condition and the high altitude at which the activities are held. Alpine Slide is a **HAZARDOUS** activity that involves risk or injury, permanent disability or death resulting from riding and/or use of equipment and its potential for unexpected failure or misuse. **The Alpine Sled is an operator-controlled device. It is the rider's obligation to maintain control at all times while riding the Alpine Slide.** Undersigned understand and agree that collisions may occur with other riders, both from behind or by Participant with riders in front of Participant, or with wildlife that may get onto the track. Excessive speed, overtaking other riders, and movement made by riders while the sled is in motion presents an increased risk of injury to Participant or others for which Undersigned may be held responsible. Skin contact with the track while the Alpine Sled is in motion can cause severe, painful and permanently scarring burns.

Undersigned recognize that injuries are a common and ordinary occurrence of participation in the Activities, and that death may even result. Nonetheless and with full knowledge and understanding of the above general and specifically identified risks involved in the various activities, Adult voluntarily elects to, or, if applicable, chooses to allow Protected Person to participate in the Activities. Undersigned understand and agree that to reduce the risk of injury or death the Participant will wear a helmet at all times while bicycle riding, skateboarding or other skating activities, rock climbing, rafting, canoeing, kayaking or any other activity as directed by NSCD staff. Undersigned will, to the extent possible, follow carefully all instructions on the safe and proper use of the equipment and will ask questions and request instructions so that the function and proper and safe use of all equipment rented or otherwise made available to Participant is clear to and understood by the Adult Participant or by the parent or legal guardian of the Protected Person so that such may be explained to and, to the extent reasonably possible, understood by the Protected Person before the Activity is undertaken. Undersigned understand and agree that helmets cannot guarantee the wearers safety nor can protect against all potential head injuries or prevent injury to the face, neck or spinal cord. Undersigned accept for use any equipment provided to Participant "AS IS" and accept full responsibility for its care and will pay for any loss or damage, other than reasonable wear resulting from its use.

By signing this Agreement Adult on his/her own behalf and, if applicable, on behalf of Protected Person acknowledges the general risks described above and the specific risks associated with the Activities and, as a condition to Participant engaging in the Activities agrees to (1) ASSUME ANY AND ALL RISKS OF INJURY OR DEATH to the Participant resulting from participation in any Activity; (2) WAIVE, RELEASE, and NOT SUE, MAKE ANY CLAIMS OR FILE ANY ACTIONS against the NSCD, Intrawest/Winter Park Operations Corporation, Intrawest Resorts Holdings, Inc., the United States, the City and County of Denver, Winter Park Recreational Association, Winter Park Village Company Master Association, Inc., Snow Mountain Ranch, Grand Lake Yacht Club, Inc., Grand Lake Yacht Club Sailing Foundation, and the County of Jefferson, State of Colorado, all Activity sponsors, operators of events, owners and operators of training and/or Activity venue and owners of professional sports teams affiliated with any Activity, each of their insurance carriers, subsidiaries, affiliates, officers, directors, shareholders, members, representatives, assignees, employees, volunteers, and agents, and equipment manufacturers and distributors (hereinafter the "Indemnified Parties") that are based on or that result from, in whole or in part, participation in Activities; (3) INDEMNIFY, DEFEND AND HOLD THE INDEMNIFIED PARTIES HARMLESS from any and all claims, demands, actions, causes of action, losses or liabilities whatsoever arising from or related to any loss, damage or injury, including death, that may be sustained by Participant or caused to others or their property by Participant while taking part in any Activity, including, but not limited, to those injuries and damages caused by negligence and/or breach of warranty, express or implied, on the part of the Indemnified Parties. Undersigned agree to pay all costs including reasonable attorneys' fees and disbursements incurred by any Indemnified Party in defending an investigation, claim or suit brought by or on behalf of Undersigned.

The Undersigned understand, acknowledge and agree that he/she is responsible for determining Participant's medical, physical or other qualifications or suitability for participating in the Activity. The Undersigned authorize any Indemnified Party and/or their authorized personnel to call for medical care for the Participant or to transport the Participant to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. The Undersigned understand and agree that upon arrival of medical personnel or, where applicable, Participant's transportation to any such medical facility or hospital that Indemnified Party shall have no further responsibility for Participant. Further, the Undersigned agree to pay all costs associated with such medical care and related transportation provided for Participant and shall indemnify and hold harmless the Indemnified Party for any costs incurred therein, or any claims originating therefrom. The Undersigned are advised and acknowledge that, before participating in the Activity, Participant should be covered by personal health insurance sufficient to cover any expenses that may result from an injury occurring during or in connection with the Activity.

In consideration for participation in an Activity, Adult agrees for him/herself and on behalf of Protected Person, if applicable, that ALL claims arising from or related to any Activity, including for injury to person or property and/or death shall be GOVERNED BY COLORADO LAW, without regard to conflicts of law principles, and that EXCLUSIVE JURISDICTION shall be in the Grand County, Colorado District Court or in Federal Court for the District of Colorado. **UNDERSIGNED VOLUNTARILY AND IRREVOCABLY WAIVE ANY OBJECTION TO SUCH LAW AND JURISDICTION.**

Undersigned give NSCD and Winter Park Resort permission to take and use photographs, video and audio recordings, or movies of Participant taken during an Activity for any purpose in promoting the NSCD or Resort or related activities of NSCD in print, brochures, advertisements, films or videos and on broadcast presentations of any sort.

This Agreement shall be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the remaining terms shall be enforceable. **THE UNDERSIGNED PARENT OR LEGAL GUARDIAN REPRESENTS AND ACKNOWLEDGES THAT HE/SHE IS ENTITLED TO AND IS SIGNING THIS AGREEMENT ON BEHALF OF PROTECTED PERSON AND THAT PROTECTED PERSON WILL BE BOUND BY ALL THE TERMS OF THIS AGREEMENT. UNDERSIGNED UNDERSTAND AND AGREE THAT IF THIS AGREEMENT IS NOT SIGNED ON BEHALF OF PROTECTED PERSON, PROTECTED PERSON WILL NOT BE PERMITTED TO PARTICIPATE IN ANY ACTIVITIES.** This Agreement shall be binding upon Undersigneds' assignees, subrogers, distributors, heirs, next of kin, executors and personal representatives.

UNDERSIGNED HAVE CAREFULLY READ THIS AGREEMENT, UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Executed this _____ day of _____, 201____.

PRINT Name of Participant

Signature of Participant

____/____/____
Date of Birth of Participant

Home Zip Code of Participant

PRINT Name of Parent or Legal Guardian, if applicable

Signature of Parent or Legal Guardian, if applicable

US Military Active Duty/Reserve/Veteran Yes / No

RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS.
READ CAREFULLY BEFORE SIGNING.

WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND CONSENT FOR MEDICAL TREATMENT.

NATIONAL SPORTS CENTER FOR THE DISABLED (“NSCD”) EQUINE ACTIVITIES 2019

The Participant identified below, is at least 18 years old, or, if participant is younger than 18 years of age or is otherwise a protected person (“Protected Person”), the Protected Person’s parent or legal guardian has read this agreement and has signed it on behalf of him/herself and the Protected Person, if applicable. The adult Participant or the Protected Person’s parent or legal guardian, will be referred to herein as “Adult”, and Adult and the Protected Person are collectively referred to as the “Undersigned”. “Participant” refers to the person actually taking part in some or all of the NSCD’s horseback riding program and activities surrounding and associated with the horseback riding program including, but not limited to pony cart rides and hay rides (collectively “Activities”, individually an “Activity”). **The Undersigned understand and agree that Participant will not be permitted to take part in any Activity unless this Warning, Assumption of Risk, Release of Liability and Indemnity Agreement and Consent for Medical Treatment (“Agreement”) is fully executed.**

UNDERSIGNED UNDERSTAND AND AGREE THAT THIS AGREEMENT WILL APPLY FOR EACH AND EVERY DAY PARTICIPANT ENGAGES IN ANY ACTIVITY DURING THE 2019 SUMMER SEASON WITHOUT REQUIRING UNDERSIGNED TO SIGN AN ADDITIONAL AGREEMENT FOR EACH DAY AND/OR EACH ACTIVITY UNTIL UNDERSIGNED REVOKE IT IN WRITING AND THAT WRITING IS ACCEPTED IN WRITING, SIGNED BY THE NSCD’S AUTHORIZED REPRESENTATIVE. UNDERSIGNED UNDERSTAND, ACKNOWLEDGE AND AGREE THAT BY SIGNING THIS AGREEMENT FOR HIM/HERSELF AND, IF APPLICABLE, ON BEHALF OF THE PROTECTED PERSON, UNDERSIGNED ARE ASSUMING RISKS, WAIVING RIGHTS AND RELEASING CLAIMS IN ADDITION TO THOSE ADDRESSED BY COLORADO LAW.

WARNING

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statute.

Undersigned understand, acknowledge and agree that horseback riding is a **HAZARDOUS** activity that involves risks inherent to horseback riding or other equine activities which include, but are not limited to, the propensity of the animal to behave in ways that may result in injury, harm, disability or death to persons on or around them, the unpredictability of the animal’s reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals, uneven or unknown surface and subsurface conditions, collisions with other animals or objects, and the potential of another rider or participant acting in a manner that may contribute to injury to the Participant or others, such as failing to maintain control over the animal or not acting within his or her ability. Undersigned recognize and acknowledge that injuries are a common and ordinary occurrence of participation in the Activity **and that serious injuries and death may even occur.** Undersigned understand and agree that to reduce the risk of injury or death the Participant will wear a helmet at all times while horseback riding. **Undersigned understand and agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer’s face, eyes, neck or spinal cord.**

Undersigned understand and agree that Participant will carefully follow all instructions on the safe and proper use of the equipment and handling and treatment of the animal involved and that Undersigned will, and if Participant is a Protected Person, instruct the Participant to ask questions and request instructions so that the proper and safe handling of the animal and the function and use of all equipment rented or otherwise made available to Participant is clear to and understood by the Participant before the Activity is undertaken. Undersigned understand and agree to accept “as is” the equipment provided to Participant and accepts full responsibility for its care and will pay for any loss or damage, other than reasonable wear, resulting from its use. **Additionally, Undersigned understand and agree that outdoors activities and especially those conducted at high altitudes involve certain inherent risks that can lead to serious injury and death.** Such inherent risks include, without limitation, rapidly changing weather conditions, lightning, exposure to the sun, hail, cold, reduced oxygen in the air at high altitude, steep slopes, uneven terrain, loose rocks and gravel, marked and unmarked obstacles, wildlife encounters, falling trees and limbs, slick or uneven walking surfaces, surfaces covered with ice and snow and rugged mountainous terrain and any travel to or from the Activity. Undersigned understand and agree that there are risks involved in decision-making and conduct of employees/volunteers involved with the Activity, including, but not limited to, the risks involved with rescue operations and/or medical care conducted by NSCD or venue employees and volunteers, the risk that an instructor/volunteer may misjudge weather, terrain/route selection, or some aspect of Participant’s abilities, conditioning, mental, emotional or physical condition that may make a certain portion of the Activity appropriate or inappropriate for the Participant. **RECOGNIZING THE RISKS, UNDERSIGNED VOLUNTARILY CHOOSES TO TAKE PART IN THE ACTIVITIES OR, IN THE CASE OF A PROTECTED PERSON, VOLUNTARILY CHOOSES TO ALLOW THE PROTECTED PERSON TO TAKE PART IN THE ACTIVITIES.**

By signing this Agreement Adult on his/her own behalf and, if applicable, on behalf of Protected Person acknowledges the general risks described above and the specific risks associated with the Activities and, as a condition to Participant engaging in the Activities agrees to (1) **ASSUME ANY AND ALL RISKS OF INJURY OR DEATH** to the Participant resulting from participation in any Activity; (2) **WAIVE, RELEASE, and NOT SUE, MAKE ANY CLAIMS OR FILE ANY ACTIONS** against the NSCD, Snow Mountain Ranch YMCA of the Rockies, all Activity sponsors, owners and operators of venues, and each of their insurance carriers, subsidiaries, affiliates, officers, directors, shareholders, members, representatives, assignees, employees, volunteers, and agents, and equipment manufacturers and distributors (hereinafter the “Indemnified Parties”) that are based on or that result from, in whole or in part, participation in Activities; (3) **INDEMNIFY, DEFEND AND HOLD THE INDEMNIFIED PARTIES HARMLESS** from any and all claims, demands, actions, causes of action, losses or liabilities

whatsoever arising from or related to any loss, damage or injury, including death, that may be sustained by Participant or caused to others or their property by Participant while taking part in any Activity, including, but not limited, to those injuries and damages caused by negligence and/or breach of warranty, express or implied, on the part of the Indemnified Parties. Undersigned agree to pay all costs including reasonable attorneys' fees and disbursements incurred by any Indemnified Party in defending an investigation, claim or suit brought by or on behalf of Undersigned.

The Undersigned understand, acknowledge and agree that he/she is responsible for determining Participant's medical, physical or other qualifications or suitability for participating in the Activity. The Undersigned authorize any Indemnified Party and/or their authorized personnel to call for medical care for the Participant or to transport the Participant to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. The Undersigned understand and agree that upon arrival of medical personnel or, where applicable, Participant's transportation to any such medical facility or hospital that Indemnified Parties shall have no further responsibility for Participant. Further, the Undersigned understand and agree to pay all costs associated with such medical care and related transportation provided for Participant and shall indemnify and hold harmless the Indemnified Parties for any costs incurred therein, or any claims originating therefrom. The Undersigned are advised and acknowledge that, before participating in the Activities, Participant should be covered by personal health insurance sufficient to cover any expenses that may result from an injury occurring during or in connection with the Activities.

In consideration for participation in the Activities, Adult agrees for him/herself and on behalf of Protected Person, if applicable, that ALL claims arising from or related to any Activity, including for injury to person or property and/or death shall be GOVERNED BY COLORADO LAW, without regard to conflicts of law principles, and that EXCLUSIVE JURISDICTION shall be in the District Court residing where the alleged incident occurred or in Federal Court for the District of Colorado. UNDERSIGNED VOLUNTARILY AND IRREVOCABLY WAIVE ANY OBJECTION TO SUCH LAW AND JURISDICTION.

Undersigned give NSCD permission to take and use photographs, video recordings, or movies of Participant taken during any Activity and use and sublicense such material for any purpose in promoting the NSCD or related activities of NSCD in print, brochures, advertisements, films or videos and on broadcast presentations of any sort.

This Agreement shall be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the remaining terms shall be enforceable. **THE UNDERSIGNED PARENT OR LEGAL GUARDIAN REPRESENTS AND ACKNOWLEDGES THAT HE/SHE IS ENTITLED TO AND IS SIGNING THIS AGREEMENT ON BEHALF OF PROTECTED PERSON AND THAT PROTECTED PERSON WILL BE BOUND BY ALL THE TERMS OF THIS AGREEMENT. UNDERSIGNED UNDERSTAND AND AGREE THAT IF THIS AGREEMENT IS NOT SIGNED ON BEHALF OF PROTECTED PERSON, PROTECTED PERSON WILL NOT BE PERMITTED TO PARTICIPATE IN ANY ACTIVITIES.** This Agreement shall be binding upon Undersigned's assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

UNDERSIGNED HAVE CAREFULLY READ THIS AGREEMENT, UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Executed this ____ day of _____, 201__.

Date of Birth of Participant ____/____/____

PRINT Name of Participant

Signature of Participant

PRINT Name of Parent or Legal Guardian, if applicable

Signature of Parent or Legal Guardian, if applicable

US Military Active Duty/Reserve/Veteran Yes / No