



# SEWASP VOLUNTEER SERVICE APPLICATION

Please PRINT all information using BLACK ink

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

Name (First/Last): \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

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

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

Contact Information – preferred communication method with SEWASP:

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

Mobile Phone/Text Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**New Volunteer** \_\_\_\_\_ **Returning Volunteer** \_\_\_\_\_

Are you over age 18? \_\_\_\_\_yes \_\_\_\_\_no (volunteers are required to be at least 18 years of age.)

**Emergency Contact Person:** Please provide us with a contact name and phone number of who to call in the event of an emergency during program times (evenings/Saturday mornings)

Person's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile/Phone Number: \_\_\_\_\_

Past Volunteer Experiences:

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Describe Any Experiences Working With People With Disabilities:

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**PLEASE CIRCLE:**    Skier                  Snowboarder                  Both

Please rate your skiing/riding ability:    Beginner                  Intermediate                  Expert

Can you independently load and unload a chairlift AND ski/snowboard green terrain?    Yes    No

Skiing/Snowboarding Experiences: \_\_\_\_\_

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Professional Ski Instructors of America/American Association of Snowboard Instructors (PSIA/AASI) Certifications: \_\_\_\_\_

Group/Community/Club Affiliations:

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Additional Skills: (sign language, bi-lingual, ski equipment maintenance, videography, photography, etc...)

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**Program Focus:**

I would prefer assisting with: (circle)

Sit down ski lessons    Snowboard lessons  
(requires moderate/heavy lifting)

Stand up lessons  
(requires minimal/moderate lifting)

I am interested in pursuing SEWASP training to advance my skiing skills and adaptive teaching techniques:    **Yes**    **No**

I may be interested in training for adaptive certifications through PSIA/AASI:    **Yes**    **No**

I am interested in volunteering to assist with SEWASP projects during the off season: **Yes**    **No**

I am aware that as a volunteer with SEWASP it is my responsibility to request any accommodations, such as lifting restrictions, that I may need in to perform the duties expected of me: **Yes**    **No**

## 2023-2024 SouthEastern Wisconsin Adaptive Ski Program (SEWASP) Agreement for Assumption of Risk, Indemnification, and Release

I, \_\_\_\_\_ (print name), DOB \_\_\_\_\_, desire to participate voluntarily in the SouthEastern Wisconsin Adaptive Ski Program at Alpine Valley Resort (East Troy, WI), and/or any other sites utilized for programming by SEWASP.

I UNDERSTAND THAT I AM BEING ASKED TO **READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY**. I UNDERSTAND THAT IF I WISH TO ASK QUESTIONS ABOUT ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT A SEWASP BOARD OF DIRECTORS MEMBER. **BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE AND ACCEPT THAT I HAVE RECEIVED SUFFICIENT INFORMATION AND TIME TO MAKE AN INFORMED DECISION ABOUT MY, OR MY MINOR CHILD'S OR WARD'S, PARTICIPATION IN SEWASP.**

### **Assumption of Risks:**

I understand that physical activity related to SEWASP, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. This includes those activities undertaken outside, which may involve uneven, slippery, or difficult terrain, skis, ski slopes, chair lifts, as well as the sudden and unforeseen malfunctioning of any equipment. Additional risks involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including permanent disability and death to 4) other risks not known or not reasonably foreseeable.

Additionally, SEWASP is a chapter of Move United and per its Waiver & Release of Liability Agreement, Section 2. Risks of Participation, I recognize and understand that SEWASP has undertaken reasonable steps to lessen the risk of transmission of communicable diseases, including but not limited to, COVID-19, in connection with participation in training/lessons. SEWASP is not responsible in any manner for any risks related to communicable diseases in connection with my participation in training/lessons. Please refer to the Move United Waiver & Release of Liability Agreement, Section 2. Risks of Participation for complete details.

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will cease participating and bring such hazard to the attention of the nearest SEWASP representative immediately. **I know, understand, and appreciate the risks that are inherent in adaptive down-hill skiing and snowboarding. I know, understand, and appreciate that it is impossible for SEWASP to guarantee absolute safety. I hereby assert that my participation is voluntary and informed and that I knowingly assume all such risks.**

### **Hold Harmless, Indemnity and Release:**

In consideration of permission for me to voluntarily participate in SEWASP, today and on future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release SEWASP, the Board of Directors of SEWASP, collaborating partner agencies, officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of severe social or economic losses, damage to personal property, or personal injury, or death which may result from my participation. This release includes claims based on the negligence of SEWASP, the Board of SEWASP, collaborating partner agencies, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or recklessness. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue, that it has not been changed orally, and I am signing it voluntarily.**

**Printed Name of Participant/Volunteer:** \_\_\_\_\_

**Signature of Adult Participant/Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian (if Participant is Under 18\*):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*If your son, daughter or ward will be under 18 while participating in SEWASP, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

# Move United Waiver & Release of Liability Agreement

Move United, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this Move United 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 Move United, SouthEastern Wisconsin Adaptive Ski Program (SEWASP), 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 Move United and/or SouthEastern Wisconsin Adaptive Ski Program (SEWASP) 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. Risks of Participation.** The Undersigned recognizes and understands that while Released Parties have undertaken reasonable steps to lessen the risk of transmission of communicable diseases, including but not limited to, COVID-19, in connection with participation in the activities, the Released Parties are not responsible in any manner for any risks related to communicable diseases in connection with Participant’s participation in the activities. Specifically, the Undersigned understands that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. The Undersigned is fully aware that participation in the activities carries with it certain inherent risks related to transmission of communicable diseases (“Inherent Risks”) that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying a communicable disease; (2) the risk of transmitting or contracting a communicable disease, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof. Further, the Undersigned understands that the risks of all communicable diseases are not fully understood, and that contact with, or transmission of, a communicable disease may result in risks to the Participant including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks.

The Undersigned hereby voluntarily accepts and assumes all risk of loss, personal injury, sickness, death, damage, and expense for the Participant arising from such Inherent Risks. Furthermore, the Undersigned represents and warrants that Participant does not knowingly carry any communicable diseases that may be transmitted during participation in the activities.

**3. 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 Move United/SouthEastern Wisconsin Adaptive Ski Program (SEWASP) 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.

**4. 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, wheelchair racing, 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.

# Move United Waiver & Release of Liability Agreement

**5. 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.

**6. 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 Wisconsin and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Milwaukee County, WI; (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.**

<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/they is not only signing this Agreement on his/her/their behalf, but that he/she/they 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/they 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.

<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>

## Move United Media Release Agreement

Move United and its affiliated Chapters are not-for-profit entities. "Released Parties" are Move United, SouthEastern Wisconsin Adaptive Ski Program (SEWASP) and their successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, vendors, consultants, contractors, assigns, volunteers, participants, sponsoring agencies, sponsors, advertisers, and event premises.

### 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>

### FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she/they is not only signing this Agreement on his/her/their behalf, but that he/she/they 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/they 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.

<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>

## 2023-2024 SEWASP Volunteer Availability

Name \_\_\_\_\_ (Ski / Snowboard)

Event	Date & Time	Availability (Y, N, Maybe)	Notes
Dry Land Training at Alpine Valley Resort, East Troy  (6:30pm – 9:00pm)	Thursday, November 2		New and returning (new volunteers strongly encouraged to attend to receive the Volunteer Handbook and get an overview of the program)
	Thursday, November 9		New and returning
	Thursday, November 16		New and returning
On-snow Training at Alpine Valley Resort  (6:30pm – 10:00pm)	Thursday, November 30		New and returning
	Thursday, December 7		New and returning
	Thursday, December 14		New and returning
Thursday Night Lessons at Alpine Valley  (6:30pm – 9:30pm)	January 4		
	January 11		
	January 18		
	January 25		
	February 1		
	February 8		
	February 15		
	February 22		
	February 29		
	March 7		
Saturday Morning Lessons at Ausblick/Heiliger Huegel  (10:00am-1:00pm)	Ausblick TBD		
	Heiliger Huegel TBD		
Thursday Afternoon Veterans Lessons at Alpine Valley  (1:00pm – 4:00pm)	January 11		
	January 25		
	February 8		
	February 22		

**Attention: This page will be used by the SEWASP Program Coordinator for Wisconsin Criminal History check via the State of Wisconsin Department of Justice; Division of Law Enforcement Services.**

**Information required to conduct Criminal History check: (please print)**

Complete/Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Complete/Legal Last Name: \_\_\_\_\_

Previous name(s) including maiden name: \_\_\_\_\_

Circle gender: Male Female Other Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_

Circle race:  
American Indian or Alaskan Native Asian or Pacific Islander Black White Unknown

Social Security Number – required as a unique identifier used to prevent incorrect matches.  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**My signature below represents my understanding of the following statements:**

**I understand that a criminal history search and background check is required, and I authorize the investigation to be conducted by SEWASP through the State of Wisconsin Department of Justice. I understand that the investigations may be required prior to, or in the course of, my volunteer activities with SEWASP. I understand and approve that only the results of the investigation will be shared between the SEWASP President and the SEWASP Program Coordinator. SEWASP will not disseminate or re-sell information obtained; records will only be used for SEWASP business.**

I further understand that this application is for unpaid volunteer program activity only, and not for employment through SEWASP. Any representations to the contrary by any SEWASP documents or by any representative of SEWASP should not be relied upon or be construed as a contract for employment.

I also affirm that the information provided in the application is true and complete. I understand that misrepresentations or omissions may be cause for rejection or subsequent dismissal. I understand this application does not guarantee a volunteer placement.

Initial in this box that you accept the above statements in **bold** text:

Printed First and Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Thank you for your interest in the SouthEastern Wisconsin Adaptive Ski Program (SEWASP). Please return your completed application either in person or to the address below. Our Program Coordinator will be in contact with you pending a satisfactory result of your background check.

Mail to Terri Henderson, SEWASP Program Coordinator at:  
**SEWASP, PO Box 452, Germantown, WI 53022-0452**