



Central Maine Adaptive Sports Student/Sponsor Winter Sports 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 per program.*

Student/Sponsor Name: _____

Mailing Address: _____
City State Zip

Best Contact Info: _____

Home Phone: _____ Cell: _____ Email: _____

DOB: _____ Height: _____ Weight: _____ School: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Parent/Guardian/Spouse Name(s): _____

Mailing Address: _____
City State Zip

Special Needs/Primary Disability: _____

Best Way to Learn (visual, auditory, hands on etc): _____

What are some likes & dislikes? _____

What winter sport is the Student interested in learning? Sled Hockey Snow Shoeing

Do they have experience? Yes or No How many years? _____

What would you consider their level? Beginner Intermediate Expert

Name of Primary Physician: _____ Phone: _____

For you or your child's medical well-being, or in case of emergency, what special needs or requirements should emergency responders know? _____

What is one goal you would like to see the 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 adaptive winter sports program. Recognizing that winter sports can be hazardous, and in consideration of the agreement of Central Maine Adaptive Sports, Inc. to permit the above-named individual or minor to participate in the adaptive sports program, hereby indemnify, release, and hold harmless Central Maine Adaptive Sports, Inc., its board members, advisors, Mentor-Coach, students, and their principals, supervisors, agents, employees and servants and all other persons or organizations 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 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 permitted by the laws of the State of Maine.

I (We) state that there is accident and health insurance coverage that will cover the above-named individual, 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 said activity.

I (We) further agree that Central Maine Adaptive Sports reserves the right to terminate the participation of the above-named individual, minor, or spouse 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 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 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-NAMED INDIVIDUAL, MINOR, OR SPOUSE 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, or spouse for any and all purposes in relation to the mission of Central Maine Adaptive Sports. I (We) authorize the individuals', minors', or spouses' image or 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: _____

Winter sports Clinic fees vary by sport. Please feel free to ask staff about the costs per sport. Most are free for the first session then have a low cost after that. ***This fee helps defer costs of equipment and/or ice time. Athletes who make the travel hockey team have a separate fee to cover uniform and/or season expenses.***