



## ALPINE SKIING PROGRAM 2004-2005

### OUR MISSION STATEMENT:

**PROVIDE HEALTHFUL OUTDOOR WINTER EXERCISE AND FUN SO PARTICIPANTS BUILD CONFIDENCE AND SELF-ESTEEM WHICH TRANSFER TO EVERY DAY LIFE EXPERIENCES**

### **BEGINNER, INTERMEDIATE & ADVANCED SKI INSTRUCTION AND COACHING IS PROVIDED BY ULLR INC. STAFF MEMBERS WHO ARE VOLUNTEERING THEIR TIME FOR THIS WORTHWHILE PROGRAM.**

The program staff receives special training by Instructors and Coaches Certified by both the Professional Ski Instructors of America (PSIA-NW) and the Washington State Special Olympics (WSSO). Ullr Inc., a PSIA Member Ski School, has provided 42 years of quality instruction for the Bellevue Ski School, is an equal opportunity employer and operates as a concessionaire under a US Forest Service Permit issued to Ski Lifts Inc. (The Summit at Snoqualmie), our "Partners in Winter Recreation". This Ski Program, under the direction of Solomon Hutchinson, is supported financially by the Life Enrichment Foundation, 501(C)(3), For People With Disabilities, to whom donations may be made which are tax-deductible to the extent allowed by law. Discounted lift tickets and our special room at Summit-Central are provided by Ski Lifts Inc..

**SKI SCHOOL LOCATION and DATES:** Our mountain headquarters are at "The Summit At Snoqualmie". Our special room will be on the lower floor of the Main Lodge at the Main Entrance to Summit-Central. The Program operates for 8 Sundays Jan 9<sup>th</sup> through Feb 27<sup>th</sup>.

**PARTICIPATION FEE=\$200.00** (Plus donations): Includes 8 full Sundays of fun, supervised skiing, coaching, lift tickets and transportation. This fee also includes a trip to Wenatchee for Special Olympics State Finals at the end of the year for those participants who so choose to go.

**SPECIAL OLYMPICS MEDIAL RELEASE:** Participants in the Cascade Ridge Racers Ski Program must have a valid Special Olympics Medical Release form to participate in the program. Please include a copy of your Medical release form (or original if new this season) with your application.

### **TRANSPORTATION & DAILY SCHEDULE:**

Transportation is provided by chartered bus. Loading time at Bellevue K-MART (148<sup>th</sup> & Main) is 8:00-8:30AM with normal return to K-MART by 4:30-5:00PM.

**PARTICIPATION IN WASHINGTON STATE WINTER SPECIAL OLYMPICS:** The bus and students, instructors and coaches will go to "The Summit-West At Snoqualmie" on Sunday, February 1<sup>st</sup> to allow students to compete in the Seattle Area Qualifying Alpine Skiing Winter Games. Regular Instructors will be available for classes at Summit-West for students not planning to compete. Attendance at the Washington State Winter Games on March 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> at Mission Ridge with our Coaches is a separate, voluntary activity, includes other Olympic Athletes and will be organized by the Head Coach for students interested and eligible. Boeing provides the Bus and WSSO provides the lodging.

**PLEASE SEE OTHER SIDE FOR APPLICATION AND SIGN UP BEFORE DECEMBER 10<sup>TH</sup>** New students and students with outdated forms will require doctor's approval on a Medical Release Form. - **Please make all checks payable to the "LIFE ENRICHMENT FOUNDATION"**. One hundred percent of all receipts designated for the Ski Program go directly to support the athlete's participation.

### **BROUGHT TO US IN COOPERATION WITH THE FOLLOWING:**

The Cascade Ridge Racers Ski Program operates as a concessionaire under a U S Forest Service permit issued to Booth Creek Ski Holdings, Inc. partially operating within the Mt.Baker-Snoqualmie National Forest.



**Special Olympics**





**ALPINE SKI PROGRAM**

**APPLICATION RELEASE FORM - 2004-2005**

**ASSUMPTION OF RISK & LIABILITY RELEASE:** Skiing has many rewards, risks and responsibilities. Understanding and accepting these risks and responsibilities can make skiing safer and more enjoyable. The fee charged for your participation is predicated on your agreement to the following conditions: Please read them carefully. Your signature(s) below as student, parent or legal guardian attest to your acceptance of these conditions.

1. I am aware that skiing is a hazardous sport that includes certain risks and dangers, including the risk of serious injury or death. I voluntarily accept full responsibility for all risks involved, including risks inherent in skiing and in the Ski Area/Mountain environment.

2. All equipment used while participating is used at my own risk and its maintenance and adjustment are my responsibility. Except for special circumstances, only qualified ski repair professionals should adjust bindings. All ski boots and bindings, new or used, should be marked with a "DIN" number to verify meeting industry standards.

3. I accept my responsibility to ski safely and in control at all times, to learn and to abide by the "Skier's Responsibility Code", Ski Area & Ski Program rules and posted behavior notices.

4. I agree to WAIVE, RELEASE, HOLD HARMLESS, AND INDEMNIFY THE LIFE ENRICHMENT FOUNDATION, Ullr Inc., the Ski Area Operator, the US Forest Service and any of their employees, volunteers, agents, contractors, subsidiaries, officers and owners, from all claims for any loss, injury or damage resulting from any cause, including negligence, which arises out of participation in the Program, including travel to or from the Ski Area. This release is also binding as to any other persons, including all family members, heirs, executors and personal representatives. This release does not apply to gross negligence or intentional acts.

5. I currently have, and will maintain throughout the time that I participate, valid and sufficient medical and accident insurance.

6. If I am signing as a Parent/Legal Guardian on behalf of a minor or a person with a physical or mental disability, I have explained the contents of this agreement to them and I recognize that I may not release any claims they may have. However, I accept full responsibility for all losses, including medical expenses, incurred as a result of their participation in the Program and in travel to or from the Ski Area. I also agree to HOLD HARMLESS and INDEMNIFY all parties responsible for the Ski Program, the Ski Area and the US Forest Service, including their employees and volunteers for any and all claims brought by or on behalf of the minor or person with a physical or mental disability.

7. I hereby give my permission to have photos/videos taken without recompense, during program activities and used for publicity purposes.

All refunds are at the discretion of The Life Enrichment Foundation and Ullr Inc.

_____	_____	_____	_____	_____
Registered Student Signature	Age	Date	Parent/Legal Guardian Signature	Date
			(required if student is under 18 or has a legal guardian)	

**Need more information contact Solomon at:**

**Solomon Hutchinson - 16835 420<sup>th</sup> AVE SE North Bend, WA 98045 - phone 425-864-9435 – email: [solomon\\_hutchinson@hotmail.com](mailto:solomon_hutchinson@hotmail.com)**

**SEND APPLICATION, PARTICIPATION FEE, DATA ACQUISITION FORM, SPECIAL OLYMPICS MEDICAL RELEASE (IF APPLICABLE), VOLUNTEER SUPPORT (HELP!) AND DONATIONS TO: THE LIFE ENRICHMENT FOUNDATION, P.O. BOX 40652, BELLEVUE, WA 98015-0652.**



**2004-2005 DATA ACQUISITION FORM**

Student Name:

Parent Guardian Name:

Current Address:

Current Phone Number:

Emergency Contact:

Emergency Contact Phone Number:

Additional Information Regarding Student:

Date of Current Special Olympics Medical Release Form:

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