



2017 Water Ski Unlimited Participant Packet

Ski Dates

June 3 & 24 July 15 & 29 August 5 & 12 September 2

Water Skiing Unlimited is a water ski program for children and adults with disabilities. This program provides access to the sport of water skiing for many blind, deaf, paraplegic, quadriplegic and developmentally disabled individuals who would otherwise be denied the opportunity to share in this exhilarating activity. With the help of the trained volunteers and adaptive equipment, there are very few disabilities that would prevent participation in the sport of water skiing. The minimum age to participate is 7 years old.

Stanislaus County Parks & Rec. charges an entrance fee (\$10.00) per vehicle to Modesto Reservoir. This fee is the responsibility of the participant.

Program Location All ski trips are held at Modesto Reservoir, 18143 Reservoir Rd, Waterford, 95386. Take a left after the entrance gate and go as far as possible to the back (paved road turns into gravel). Allow at least 15 minutes to get to this location. You will see our group there, ready to ski. Everyone meets on the Saturday morning of the trip at 9:30 am for the morning session and 12:30 pm for the afternoon session, to coordinate volunteers with participants and organize the session. The Society for Disabilities does not provide transportation for this program. A parent, guardian or attendant must bring the participant to Modesto Reservoir.

Clothing Water shoes are required. Sunglasses, hats or visors and sunscreen is recommended. Please also bring a chair, blanket and umbrella for shade.

Food Participants must bring their own drinks and snacks for the day. We request that each family bring a "potluck" style dish to share. Alcohol is **NOT** permitted at Ski events.

Completed paperwork must be received in the Society office no later than 8 days prior to requested dates. Final deadline for the season is August 26, 2016. Due to volunteer and participant requests not all dates are secured. Also, weather conditions may play factor to date changes.

Contact Information Please mail completed forms to Society for disABILITIES, 1129 8th Street, Ste 101, Modesto CA 95354. If you have any questions regarding the Winter Skiing Unlimited Program, please contact Anthony Arellanes at 209-524-3536 or by email at Anthony@societyfordisabilities.org.

Keep this page for your information



**2017 Water Ski Unlimited
Participant Packet**

Name: _____ Gender: M F
Participant's Name (please print) Age

Address: _____ City: _____ Zip: _____

Phone Number: Cell (main): _____ Home: _____

Email Address (**required**): _____ Seat Width: _____

Parent or Guardian/Emergency Contact Name(s): _____

Address: _____ City: _____ Zip Code: _____

Phone Numbers: (H) _____ (W) _____ (Cell) _____

*Email (**required**): _____ **All contact done through Email**

Physician: _____ Phone: _____

Health Questions Regarding Participant:

Is any part of your body paralyzed? Yes / No Comment: _____

Do you have altered hot/cold sensation? Yes / No Comment: _____

Do you use American Sign Language? Yes / No Comment: _____

Do you have difficulty speaking? Yes / No Comment: _____

Do you need assistance with personal needs? IE Feeding or hygiene Yes / No If yes who will be accompanying you to help assist you? _____

Do you have other medical conditions we should be aware of? Yes / No if yes what are they?

Do you use assistive adapted equipment to get around? Yes / No If yes what?

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Please check which date best fits your schedule

Many factors go into selection of the dates including but not limited to availability of skilled volunteers, weather, needs of the participant regarding equipment and volunteer assistance and demand for certain ski dates. Flexibility is appreciated. Once participant sheets are full The Society will add volunteers as needed.



WAIVER AND RELEASE OF LIABILITY

I request for myself or my child to be allowed to participate in the Water Skiing Unlimited program and agree to the following:

1. I acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death. I am aware of the many dangers and inherent risks in the sport of water skiing including without limitation: risks of collision with objects, risks associated with water and weather, risks associated with dismemberment, and all other risks of the sport of water skiing. I also acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
2. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Myself and my family release, waive, discharge and promise not to sue Society for Disabilities, its volunteer instructors and director, its staff, executive director, and board of directors, and other participants of Skiing Unlimited for any personal injury, property damage, or other damages that may arise from my participation in the Skiing Unlimited programs, regardless of whether such injury or damage is caused by negligence or carelessness of the Skiing Unlimited program.
4. I agree that photographs and/or my or my child's name may be published in, or used by Society for Disabilities and any of the media or mass communication (including newspapers, magazines, television, pamphlets, brochures, newsletters, reports, etc.) without any liability on the part of Society for Disabilities.
5. I have talked to my physician, who has acknowledged, that I or my child are physically capable to engage in the sport of water skiing with or without the use of adaptive equipment. I have given an accurate description of my or my child's disability and medical needs on the participant application.
6. I agree that the staff and volunteers of Skiing Unlimited and Society for Disabilities may authorize emergency medical treatment for myself, or for my child, up to and including emergency hospitalization and surgery. I give the Society and volunteer(s) the right to determine the appropriate medical facility/provider in the absence of the parent. I agree to be personally responsible for any related medical expenses.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Participant Name **Signature*** **Date**

***If participant is under 18 years of age or is unable to legally give effective consent, Parent or Guardian MUST sign below**

Parent Name* **Signature *** **Date**



**Hold Harmless Agreement
June – August 2016**



PARKS & RECREATION DEPARTMENT

3800 CORNUCOPIA WAY, SUITE C, MODESTO, CALIFORNIA 95358 (209) 525-6750 FAX (209) 525-6774

HOLD HARMLESS AGREEMENT

In consideration of the granting of permission by the County of Stanislaus to use the County facilities and to participate in the activities, I hereby assume all risk of personal injury to person or property received by me or arising out of the use of the County facilities and adjacent area.

Dated: _____

Signature: _____

Address: _____

Original - County Copy
Copy - Participant Copy

Individual
7010-47