



## Water Ski Unlimited Participant

### Ski Dates

**June 12 & 26**

**July 10 & 24**

**August 7 & 21**

**Water Skiing Unlimited** is a water ski program for children and adults with diverse abilities. This program provides access to the sport of water skiing for many individuals with disabilities 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.

### 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 session at 9:00AM for the morning session and 12:30PM for the afternoon session, to coordinate volunteers with participants and organize the session. Society for disABILITIES does not provide transportation for this program; a parent or guardian must bring the participant to Modesto Reservoir.

### Cost:

For entrance into a Stanislaus County Park, there may be a **\$15 entrance** fee per vehicle. There is also a **\$5 nonrefundable registration fee due** to the Society prior to the ski date to ensure that all attendees attend the date that they register for.

### Clothing:

Please prepare for a day in the water and in the sun. Water shoes, sunglasses, hats or visors and sunscreen are very highly recommended. Please also bring a chair, blanket or umbrella for shade.

### Food:

Participants must bring their **own** drinks and snacks for the day; Society will not provide any food. Alcohol is **NOT** permitted under any circumstances.

All participants and volunteers are required to adhere to all **current** county guidelines in regard to COVID-19 compliance. Due to volunteer and participant availability, not all dates are secured. Also, weather conditions may play a factor to session cancellations.

**Keep this page for your reference**

Please return completed and signed form to Society for disABILITIES, 1129 8<sup>th</sup> Street, Ste 101, Modesto, CA 95354

For more information or questions, please contact Channa

P: (209) 524-3536 | F: (209) 524-1205 | [channa@societyfordisabilities.org](mailto:channa@societyfordisabilities.org)



## Water Ski Unlimited Participant

Participant Name: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Disability: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email **(REQUIRED)**: \_\_\_\_\_

*\*All contact done through email*

### 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? (i.e. feeding or hygiene) If yes, who will be accompanying you to help assist you?  
\_\_\_\_\_

Do you have other medical conditions we should be aware of? If yes, what are they?  
\_\_\_\_\_  
\_\_\_\_\_

Do you use assistive adapted equipment to get around? If yes, what kind?  
\_\_\_\_\_

Please list health conditions, allergies, dietary restrictions and any special instructions regarding your child:  
\_\_\_\_\_  
\_\_\_\_\_

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## Emergency Contact Information

**Please Note: Parent/Guardian must be present and available during Water Ski in case of emergency**

Parent/Guardian/Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### Water Ski Dates

June 12    June 26    July 10    July 24    August 7    August 21

**Please select the date(s) that best fits your schedule**

Many factors go into the selection of 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 much appreciated.

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## Image Release and Liability Waiver

### PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate on behalf of Society for disABILITIES' programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Their likeness, or the likeness of their child/ward may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program; and,
2. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce the risk, the risk of serious illness and death does exist; and,
3. I knowingly and freely assume all such risks, both known and unknown to me or are not foreseeable at this time, even if arising from the negligence or fault of the Released Parties, and assume full responsibility for my participation; and,
4. I hereby knowingly assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Society for disABILITIES their directors, officers, employees, volunteers, agents, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, the owners and lessors of premises used to conduct the event ("Released Parties"), with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence or fault or conduct of any kind on the part of the Released Parties, to the fullest extent permissible under applicable law; and,
6. I agree that the staff and volunteers of Society for disABILITIES may authorize emergency medical treatment for me, or for my child(ren), up to and including emergency hospitalization and surgery. I give the Society and volunteers the right to determine the appropriate medical facility/provider in the absence of a parent or caregiver. I agree to be personally responsible for any related medical expenses.

**I HAVE CAREFULLY READ ALL PROVISIONS OF THIS RELEASE, WAIVER, AND ASSUMPTION OF RISK, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT FREELY AND VOLUNTARILY.**

Participant Name: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name\*: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Parent Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PARENT SIGNATURE REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE OR IS UNABLE TO LEGALLY GIVE EFFECTIVE CONSENT.**

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# PARKS & RECREATION DEPARTMENT

3800 CORNUCOPIA WAY, SUITE C, MODESTO, CA 95358 P: (209) 525-6750 F: (209) 525-6773

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## ***INDIVIDUAL 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.

Event Name: Adapted Water Skiing

Event Site: Modesto Reservoir - Ski Course (Back Dam Area)

Print Name: \_\_\_\_\_

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

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

Contact Phone: \_\_\_\_\_

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

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