

**SKIER APPLICATION**  
**January 18-20, 2008**

**No cancellation. Alternate activities have been planned.**

**PERSONAL INFORMATION:**

**Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Sex:** \_\_\_ Male \_\_\_ Female

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Degree of visual impairment:**

**Totally blind** \_\_\_\_\_

**Low partial** \_\_\_\_\_

**High partial** \_\_\_\_\_

**Do you have a hearing impairment?**

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

**If yes, is your level of hearing sufficient for you to hear the words of a person standing 10 feet away from you, when you are not facing them?**

\_\_\_ **Yes**

\_\_\_ **No**

**SKIING INFORMATION**

What is your current level of cross-country skiing ability?

**Beginner:** Little or no cross-country skiing experience, never skied before or not yet comfortable with basic techniques.

**Intermediate:** Some experience with all aspects of cross-country skiing, but not yet comfortable in all areas.

**Advanced:** Comfortable with all aspects of cross-country or other skiing experience you have had.

Do you need cross-country skis at the event?

**Yes**

**No**

If yes, what shoe size do you wear? \_\_\_\_\_

**Dietary Preferences:**

**Standard:** Includes red meat or poultry

**Vegetarian**

**Note:** For special dietary requirements, you will need to provide your own supplements.

**My registration fee is enclosed**

**My signed Waiver and Emergency Data Forms are enclosed**

**I am enclosing an extra contribution of \_\_\_\_\_**

**I would like bus transportation from Madison to the Lion's Camp.**

**Signature:** \_\_\_\_\_ (Parent, if under 18)

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

**Ski for Light Regional Event  
Emergency Data Form**

**To all participants: The information requested on the following form is for the sole use of medical professionals, in the unlikely event that you are seriously injured or taken ill while attending the Ski for Light Regional Event. Please answer all questions on this form completely.**

**To the Hospital/Clinic: any and all costs associated with the transport, diagnosis, treatment, or any other care given to the below-named individual is the sole responsibility of said individual.**

**Skiers Name: Last: \_\_\_\_\_ First: \_\_\_\_\_**

**Street address: \_\_\_\_\_**

**City, State, Zip code: \_\_\_\_\_**

**Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_**

**Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_**

**Height: \_\_\_\_\_ Weight: \_\_\_\_\_**

**Do you have any underlying medical conditions? \_\_yes \_\_no**

**If yes, please describe: \_\_\_\_\_**

\_\_\_\_\_

**Are you currently taking any prescription or over-the-counter medications?  
\_\_ yes \_\_ no**

**If yes, please list drug, dosage and frequency: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

Are you allergic to any drug or medication?

yes  no

If yes, please describe:

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Person to be notified in case of emergency:

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Relationship: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

**All participants must have medical insurance or medical assistance and bring card or copy of card with them.**

I have insurance or MA and will bring card or copy with me to the event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent, if under 18)

Send print copies to:  
Heather Buggs  
1305 C Tompkins Drive  
Madison, WI 53716

Send email copies to: [bevhelland@yahoo.com](mailto:bevhelland@yahoo.com)

**WISCONSIN REGIONAL SKI FOR LIGHT  
AGREEMENT AND RELEASE OF LIABILITY**

**(This form is to be signed by every visually impaired person, ski guide, volunteer or any other participant associated with this Regional Activity.)**

**I, \_\_\_\_\_ wish to participate in this activity being provided, organized, or sponsored by Wisconsin Regional Ski for Light**

**I understand that Nordic skiing is a Hazardous activity, which includes falling, and that injuries are common. I understand that the sport of Nordic skiing and the use of Nordic ski equipment involve a risk of injury to any and all parts of the participant's body. I hereby agree to freely and expressly ASSUME and accept any and all RISKS for injury while participating in Nordic skiing, (initial \_\_\_\_)**

**I understand that the Nordic ski-boot-binding system does not release and does not reduce the risk of injuries to the user. Prior to participating, I will fully inspect the ski-boot-binding system after being instructed in its proper use. I will not use any equipment until I find it satisfactory and any questions I have about it have been fully and satisfactorily answered.**

**I agree that I will release Wisconsin Regional Ski for Light, Ski for Light, Inc., and their officers, director, employees, members, volunteers and agents from any and all responsibility or liability for injuries or damages to this participant in this activity, whether or not such injuries or damages result from negligence, products liability, terrain, collision, instruction, guiding, transportation or housing of this participant, or from any other cause. I agree not to make a claim against or sue these organizations or individuals for any reason whatsoever, (initial \_\_\_\_)**

**I have carefully read this agreement and release of liability, or had it read to me, and fully understand its contents. I am aware that this is a release of liability and a contract and I accept its terms and sign it of my own free will.**

**Participant \_\_\_\_\_**

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

**(Parent signature if under 18)**

**Please read and sign the Wisconsin Lions Camp form on back side.**

**Wisconsin Lions Camp  
Hold Harmless and Participation Agreement**

I/my child have read and understand the facility use rules of the Wisconsin Lions Camp as indicated on the Facility Rules and Procedures handout presented to me. I/my child agree to abide by the facility use rules as indicated while in attendance at the Wisconsin Lions Camp.

I fully understand that after reasonable precautions are taken, there are certain hazards connected with camping. I release, absolve, indemnify and hold harmless the Wisconsin Lions Foundation, Inc., and its Directors, Agents and Employees from liability connected with any claimed injury or death due to accidents or situations otherwise occurring to me/my child in the use of any natural areas or man-made facilities of the Wisconsin Lions Camp or for any other reason.

I also grant permission to use photographs of me/my child in any publication or publicity authorized by the Wisconsin Lions Foundation.

Signature		Date
Witness Signature		Date