2020 INFORMATION and REGISTRATION FORMS

Outdoor Recreation (OR) and New Mexico Xtreme (NMX) present Learn to Ski Snowboard!

This one day program is devoted to offering youth ages 11 to 17 a fun and affordable opportunity to learn how to ski or snowboard by providing transportation, chaperones, rental equipment, all-day lift tickets, and lessons

GENERAL ELIGIBILITY

- Must be ages 11 to 17
- Must complete and submit registration forms and submit payment by the Wednesday before scheduled trip
- Must come prepared with the necessary personal equipment to participate in the adventure

HAZARDS OF ADVENTURE

As with all sports, skiing and snowboarding have risks and hazards. Falling while skiing or snowboarding is to be expected and the resulting injuries can vary from minor to severe. Your participation in this program indicates your assumption of risk of serious injury and acknowledgement that you are responsible for your own safety**.**

If an injury occurs, the participant will first be triaged by ski patrol and then, if necessary, transported to the nearest hospital. If the injury is severe, it may be decided that the participant should be transported to the hospital by ambulance. In the occurrence of an injury, regardless of the severity, the participant's parent or guardian will be notified as soon as possible and an accident form will be filled out by OR.

PERSONAL EQUIPMENT THAT PARTICIPANT MUST SUPPLY

Food / Water

- ☐ sack lunch or money to purchase lunch at the ski lodge
- ☐ snacks or money to purchase snacks
- ☐ water

Clothing (*Dress warm! Wear as little cotton as possible!*)

- ☐ Winter Jacket
- ☐ Snow Pants
- ☐ Gloves
- ☐ Goggles or Sunglasses
- ☐ Wool Socks

Other

- ☐ Sunscreen
- ☐ Quarters for Lockers
- ☐ Helmet ***If you do not have a helmet, one will be provided. Helmets are required to participate in this program.***

DROP-OFF AND PICK-UP

Both Drop-off and pick-up are at Warehouse 508. Warehouse 508 is located at: 508 First St. NW | Albuquerque, N.M. 87102
Drop-off is at 6:00 am. We will leave at 6:30 am.
Pick-up is around 6:00 pm depending on traffic and weather conditions. Your youth will call or text approximately 30 minutes out.

PAYMENT INFORMATION

All payments and refunds will go through NMX. For more details or to purchase online, go to www.nmxsports.org

CANCELLATION POLICY

Programs with less than 6 participants on the Wednesday night before the trip will be cancelled. If a trip is cancelled, a refund will be issued within 30 days or can be applied to another NMX/OR ski or snowboard trip.

PARTICIPANT INFORMATION

Full Name: _____ ☐ Male ☐ Female
first *m.i.* *last*

DOB: _____ Age: _____ School: _____ *Grade:* _____

Address: _____
street address *apartment / unit #*

_____
city *state* *zip code*

Phone: _____ *Email:* _____

PARENT/GUARDIAN INFORMATION

Participant Lives With: ☐ Mother ☐ Father ☐ Guardian (please specify): _____

Please list Parents or Guardians and the best way to reach each person in case of emergency:

name	*relationship*	*phone(s)*
name	*relationship*	*phone(s)*

Please List at least one alternate person you authorize to pick up the participant in the event you cannot be present:
A photo ID must be shown to OR or NMX staff.

name	*relationship*	*phone(s)*
name	*relationship*	*phone(s)*

ALLERGY INFORMATION

Does the Participant have any known allergies? ☐ YES ☐ NO

If Yes:
Please list all known allergies:

_____

_____

Does Participant carry an Epinephrine Auto-Injector (EpiPen)? ☐ YES ☐ NO

MEDICATION INFORMATION

Is the Participant currently taking any prescription or OTC medications? ☐ YES ☐ NO

If Yes:
Please list all medications:

_____

Will Participant need to take any medication during adventure? ☐ YES ☐ NO

If your child needs to take prescribed or OTC medications while participating in adventure please list medications below:
Your child must be able to administer his or her own medications.
All medications must be contained in the original pharmacy packaging.

medicine	*reason for taking*	*dose*	*time to administer*
medicine	*reason for taking*	*dose*	*time to administer*
medicine	*reason for taking*	*dose*	*time to administer*

HEALTH INSURANCE INFORMATION

Does Participant have health insurance? ☐ YES ☐ NO

Please List Primary Care Physician Information:

name	*hospital affiliation*	*phone*

INSURANCE CARD

OR & NMX MUST HAVE A FRONT AND BACK COPY OF PARTICIPANT'S INSURANCE CARD. PLEASE ATTACH COPY.

AUTHORIZATION TO PHOTOGRAPH, QUOTE AND USE NAME OF PARTICIPANT FOR PUBLICITY PURPOSES

I hereby authorize OR and the City of Albuquerque to take photographs, to collect quotations related to all adventure outings and to use my name and/or the name of my minor child participant for publicity purposes.

☐ YES ☐ NO INITIAL _____

EXPRESS ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION AND COVENANT NOT TO SUE AGREEMENT

In consideration for the services of the City of Albuquerque Parks and Recreation Department, Outdoor Recreation Section, its outing leaders, officers, agents, and volunteers (collectively referred to herein as "OR") I, on behalf of myself and/or as the parent or legal guardian of the minor child participating in the OR activity, and our heirs, agree as follows:

I understand and am aware that backpacking, biking, caving, hiking, rappelling, rock climbing, snowboarding, snow skiing and related activities including, among others, use of OR equipment such as carabineers, climbing equipment, caving equipment, rescue knives, rappelling equipment, tents, camp stoves, campfires (Referred to herein as "Activity"), and transportation to and from such Activity, are hazardous activities involving inherent and other risks of injury to any and all parts of the body. I further understand that injuries in the Activity are a common and ordinary occurrence, and I have made a voluntary choice for myself and/or my minor child participant to accept and assume all risks of injury or death that might be associated with or result from this activity.

To the fullest extent allowed by law, I agree to release from liability, and to indemnify and hold harmless The City of Albuquerque from any and all liability on account of, or in any way resulting from, personal injuries, death or property damage, even if caused by negligence, in any way connected with this Activity. I further agree not to make a claim or sue for injuries or damages relating to this activity, even if caused by negligence. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

INITIAL _____

AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT

I recognize that medical or dental care may be necessary for my minor child participant. I authorize the City of Albuquerque, OR and the outing leader's to render first aid or emergency care, within the scope of the certification of the outing leader's). In addition, I authorize OR to call for medical or dental care for my minor child participant if, in the opinion of OR, medical or dental care is needed. I agree to pay for all expenses and costs associated with such care and related transportation. In addition, I hereby authorize and consent for any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the State of New Mexico Department of Public Health or the equivalent agency in another state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the physician, in the exercise of his or her best judgment, may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached. I further agree that The City of Albuquerque shall not be responsible for payment of medical services for my minor child and acknowledge and agree that any City insurance that may exist does not cover the medical costs of my minor child.

INITIAL _____

ACKNOWLEDGEMENT OF INFORMATION

I hereby acknowledge that all the information provided on pages 1-4 of this Agreement is true, correct and complete. I agree to update any page of this Agreement as necessary. I hereby acknowledge that I have fully read, understood, and accepted each of the above provisions and have voluntarily signed this agreement.

_____ _____

signature of participant's parent or legal guardian *date*

_____

printed name