

ADAPTIVE SPORTS AT MOUNT SNOW

Acceptance of Insurance Responsibility

I _____ understand that as a volunteer of Adaptive Sports at Mount Snow I am not eligible for Worker's Compensation benefits or insurance protection under the Adaptive Sports at Mount Snow umbrella policy while participating in any way in any Adaptive Sports at Mount Snow activity or any activity that is associated in any way with the Adaptive Sports at Mount Snow organization. I understand by signing this document that it is my sole responsibility to procure medical and liability insurance coverage while participating in any Adaptive Sports at Mount Snow activity or function. I understand that this form is a part of my permanent record at the Adaptive Sports at Mount Snow office and does not expire as long as I am an active participant in Adaptive Sports at Mount Snow programs. I further understand and agree that any perquisites extended or made available to me by Adaptive Sports at Mount Snow are gratuities, and said perquisites in no way constitute or imply an employment arrangement.

Volunteer Signature

Date

Parent/Guardian Signature

Date

if under 18 years of age