

Please complete ONCE per calendar year
One form covers all NERSFL events for one year

**New England Regional Ski For Light
GUIDE INFORMATION FORM**

PERSONAL INFORMATION

Name: _____

Address: _____ City, State, Zip: _____

Email Address: _____

Phone(S): _____

SEX: (M/F) Date of birth: _____ Age: _____

Height: _____ ft. _____ in. Weight: _____

Job or profession: _____

ACTIVITY INFORMATION

NOTE: Since you only need to complete this form once per calendar year, fill in ALL event sections for the trip you are planning to attend as well as for any trip activities you might attend later in the year.

SKIING INFORMATION

(Complete this section only if you are attending a skiing event)

1. Do you need cross country skis at the event? (Yes/No):
2. Do you need ski boots? (Yes/No) _____
3. Provide guiding preference: ski _____ snowshoe _____ either _____

Briefly describe your cross-country skiing experience (NERSFL events and others):

What is your level of cross country skiing ability? (sorry, beginners not accepted as guides)

Intermediate: _____ Advanced: _____ Instructor (Y/N): _____ Certified Instructor (Y/N):

Where and when certified: _____

HIKING INFORMATION

(Complete this section only if you are attending a hiking event)

Briefly describe your hiking experience (NERSFL events and others):

What is your level of hiking ability? (sorry, beginners not accepted as guides)

Intermediate: ____ Advanced: _____

KAYAKING/CANOEING INFORMATION

(Complete this section only if you are attending a kayaking/canoeing event)

Briefly describe your kayaking/canoeing experience (NERSFL events and others):

What is your level of kayaking/canoeing ability? (sorry, beginners not accepted as guides)

Intermediate: ____ Advanced: _____

OTHER INFORMATION

Our first priority in pairing guides and participants is to meet the needs of participants. When possible, however, we will attempt to honor your request as to the type of participant with whom you would like to be matched, as indicated below.

Female (Y/N): Male (Y/N): Either (Y/N):

Beginner (Y/N): Experienced (Y/N): Either (Y/N):

Recreator (Y/N): Competitor (Y/N): Either (Y/N):

Are you a medical professional or certified in First Aid or CPR? Yes/No:

If "YES" please describe below, including the type and expiration date of your certification:

HOUSING

1. Do you plan to stay somewhere other than the hotel? (Yes/No): If "YES" please complete the following so we can contact you after hours during the event if needed.

Address: _____

Phone _____

PERSONAL HEALTH HISTORY

MEDICAL INSURANCE IS NOT PROVIDED FOR PARTICIPANTS. YOU ARE RESPONSIBLE FOR ACCIDENT/ILLNESS COSTS INCURRED DURING THE PROGRAM.

Are you covered by any health/medical insurance? (Y/N):

Name of Health Insurance Co. _____

Insurance Co Phone: _____

Policy #: _____

Does your insurance company require pre-authorization prior to treatment? (Y/N):

Have you had any chronic or serious illnesses? (Y/N):

If "YES" explain:

Do you have any medicine or food allergies? (Y/N):

If "YES" please explain:

Please list any medication you take. Include the name, dosage, dosage schedule and the reason you take the medication (e.g. Hydrochlorothiazide 50 mg twice a day for high blood pressure):

ADDITIONAL QUESTIONS:

What is your current level of activity?

___ Sedentary (no formal exercise)

___ Limited activity (non-aerobic exercise like walking, 1-2 times/week)

___ Moderately active (aerobic activity 1-2 times/week)

___ Very active (aerobic activity 3 or more times/week)

THE ABOVE INFORMATION AND PERSONAL HEALTH HISTORY IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ **Date:** _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY

Name: _____

Address: _____

City, State, Zip: _____

Phone(S): _____

Relationship: _____

**New England Regional Ski For Light
AGREEMENT AND RELEASE OF LIABILITY**

This form is to be signed by every visually impaired person, guide, volunteer or any other participant associated with this Regional activity.

I, _____ wish to participate in the Activity being provided, organized, or sponsored by New England Regional Ski For Light.

I understand that Nordic skiing, hiking, canoeing, snowshoeing and any other activities sponsored by New England Regional Ski for Light are HAZARDOUS activities, which include falling and other risks, and that injuries are common. I understand that the sport of Nordic skiing and the use of Nordic ski equipment, hiking, canoeing, snowshoeing and other activities sponsored by NERSFL involve a risk of injury to any and all parts of this participant's body. I hereby agree to freely and expressly ASSUME and accept any and all RISKS of injury while participating in the above mentioned recreational activities.

(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 New England Regional Ski For Light, Ski For Light, Inc. and their officers, directors, 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:** _____

CONSENT FOR TREATMENT

In the event that I should for any reason require any medical or surgical treatment and/or medication during the course of attendance at or participation in New England Regional Ski For Light, I authorize such physician or medical staff as New England Regional Ski For Light may appoint or designate to carry out the necessary treatment, or to take me to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for my well-being.

Participant: _____ **Date:** _____

I have read the above agreement and release of liability and consent to treatment to the participant:

Witness: _____ **Date:** _____

This agreement and release of liability and consent to treatment form is applicable during the event, including travel to and from the event. It is in force for one year from the date of signature.

PHOTO RELEASE

I hereby give permission to NERSFL to use photos or videos taken at NERSFL events in which I may appear.

Participant: _____ **Date:** _____