

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

**New England Regional Ski For Light Event Form  
PARTICIPANT APPLICATION  
PERSONAL INFORMATION**

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

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

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

Phone(S): \_\_\_\_\_

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

SEX: (M/F)

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

Height: \_\_\_ ft. \_\_\_ in. Weight: \_\_\_\_\_

Visual impairment (Y/N): \_\_\_\_\_  
High partial \_\_\_\_\_ Low partial \_\_\_\_\_ Totally blind \_\_\_\_\_

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 trips you anticipate attending later in the year that involve different events.**

**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 event preference: ski \_\_\_\_\_ snowshoe \_\_\_\_\_ either \_\_\_\_\_

Briefly describe the cross-country skiing experience that you have had:

What is your level of cross country skiing ability?

Beginner:\_\_\_ Intermediate: \_\_\_ Advanced:\_\_\_

### **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?

Beginner: \_\_\_ 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?

Beginner: \_\_\_ Intermediate: \_\_\_ Advanced:\_\_\_

**New England Regional Ski For Light  
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 or regular 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:** \_\_\_\_\_