

AR&LE Ski & Snowboard Lessons

Dear AR&LE Ski / Snowboard Volunteer,

We hope that this letter finds you well and ready to get on the hills for our 2024 season!

Enclosed you will find a returning volunteer application, City of Richfield volunteer waiver and Hyland Hills waiver. **We require our volunteers to complete the concussion training every 3 years; I will notify anyone who needs to renew their concussion training with a separate email!**

All volunteers must complete the application and sign waivers for the City of Richfield and Three Rivers Park District/Hyland Hills.

Please share information about the program with friends who you think would be great volunteers! If they would like to volunteer, refer to Ann for new volunteer packets and information. You are our greatest resource for recruiting new volunteers!

Important dates for 2024:

Dry-Land Training at Richfield Community Center <i>1st & 2nd year volunteers only</i>	Thursday, January 4, 2024 6:30 – 8:00 pm
On-the-Hill Training at Hyland Hills <i>ALL volunteers</i>	Sunday, January 7, 2024 8:30 am – 3:30 pm
Program Dates at Hyland Hills	Thursdays, January 11 – February 15 6:30 – 8:30 pm
Make-up date (if needed)	Thursday, February 22

We ask that you make a commitment to your student for the entire 6 weeks of the program. If you know you will miss more than one week please consider being a sub.

Please return your volunteer application & waivers before December 15th! If you have any questions, please do not hesitate to contact Ann.

We hope to see you when the snow flies!

Ann Jindra
Recreation Supervisor
612-861-9361
ajindra@richfieldmn.gov

Karey Jensen
Ski Coordinator

Andy Joy
Snowboard Coordinator

RETURNING VOLUNTEER APPLICATION

Thank you for returning as a volunteer for the Adaptive Recreation & Learning Exchange Ski / Snowboard Program.

I am interested in being a:

Ski Instructor _____ Snowboard Instructor _____ Sub for Ski _____ Sub for Snowboard _____

Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip Code _____

E-mail Address _____

Emergency Contact: _____ Phone: _____

Would you like the same student you taught last year? No ___ Yes ___ Name: _____

Dates you know you will not be able to volunteer: _____

NOTICES AND SIGNATURE: I certify that all the information I have provided on this application is correct and that I have not omitted any information. I understand that the data supplied on this form will be used in organizing the program and for emergency files. Without all information I realize the program may not be able to process my application.

Signature of Volunteer Applicant

Date

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on this application, to provide volunteer services to the AR&LE program.

Signature of Parent/Guardian

Date

THANK YOU FOR VOLUNTEERING YOUR TIME!!!

Return application to: ajindra@richfieldmn.gov

AR&LE does not discriminate on the basis of race, color, national origin, age, disability or sexual orientation in its employment or the provisions of service.

**Administrative Services Department
Human Resources**

CITY OF RICHFIELD

WAIVER AND CERTIFICATE OF NON-EMPLOYMENT

I, _____,
(print name)

understand that I am not employed by the City of Richfield. As a volunteer I understand and agree to the following:

- I am performing volunteer service for the City and I will not be compensated for my volunteer services.
- The City has the right to decline, or cease using, my services at any time for any reason.
- I will use the City's technology resources appropriately and responsibly.
- I may have access to, observe, or overhear confidential or sensitive information relating to the individuals we may be assisting or serving. I agree to maintain the confidentiality of all such information and will not discuss or disclose such information other than with the City of Richfield personnel with whom I am working.
- I understand that information kept by the City is governed by the Minnesota Data Practices Act and that there are rules related to the release of information. Therefore, I will immediately report to a City employee or supervisor any requests I receive from third parties for information.
- In addition I waive all rights to insurance coverage, workers' and unemployment compensation and any other benefit or service provided by the City to its employees. I understand that the City is not obligated to provide me with benefits or services of any kind.
- Except as otherwise covered by the City's insurance policies I also agree that the City of Richfield will not be held liable for any damages suffered or costs or fees incurred (including attorneys' fees) if I am injured or harmed in any way (including illness or death) while I am performing volunteer services for the City of Richfield.

Date

Signature

THREE RIVERS PARK DISTRICT SNOWSPORTS ACADEMY PROGRAMS/LESSONS

Ski Clubs and Snowsports Academy

Student Name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Phone (Home) _____ (Cell) _____

AGREEMENT AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY, THIS IS A RELEASE OF LIABILITY & WAIVER OF LEGAL RIGHTS

In consideration for the opportunity to participate in the Snowsports School at Three Rivers Park District, and a condition of being permitted to use Three Rivers Park District premises and facilities, including for Alpine Skiing and/or Snowboarding (the "Activities"), the individual(s) named below (referred to as "I" or "me") agree to all of the terms and conditions set forth in this Agreement.

1) EXPRESS ASSUMPTION OF RISK: I UNDERSTAND AND ACCEPT THAT THE ACTIVITIES ARE DANGEROUS and involve certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The inherent risks associated with the Activities include, but are not limited to: loss of control; collisions with other persons; collisions with natural and man-made objects (including, without limitation, trees, rocks, stumps, holes, forest growth, downed timber, fences, posts, padded and non-padded barriers, lift equipment and towers, rope tows, light poles, snowmaking equipment, signs, buildings, and paved, wooden, gravel and dirt roads and walkways); collisions with over-snow vehicles (including, without limitation, groomers, snowmobiles, and utility or all-terrain vehicles); encountering marked and unmarked terrain features (including, without limitation, snowmaking mounds, moguls, jumps, ramps, half-pipes, rails, boxes, and other freestyle and terrain park features); encountering ice, bare spots, and debris; changes and variation in terrain and slope; changes and variation in weather, snow, surface, and lighting conditions; slips and falls on ice and snow; errors in loading, riding, or unloading a lift (including, without limitation, misloading, being struck by a chairlift, becoming entangled with equipment, and falling from a chairlift); and possible equipment failure and/or malfunction, including lift equipment and my own or rented or borrowed equipment. I ACKNOWLEDGE AND ACCEPT that Three Rivers Park District has no duty to protect me from the above risks or any other risks inherent to the Activities. I UNDERSTAND AND ACCEPT that such risks may cause SERIOUS INJURY including PERMANENT DISABILITY, OR DEATH, and EXPRESSLY AND VOLUNTARILY ASSUME all such risks, accepting for myself FULL RESPONSIBILITY for any loss or damage I may sustain.

2) RELEASE OF LIABILITY: I AGREE TO RELEASE Three Rivers Park District, including its owners, officers, directors, managers, employees, agents, volunteers, successors, and assigns (the "Releasees"), FROM LIABILITY FOR RELEASEES' OWN NEGLIGENCE. I understand that this means I am waiving my right to sue Releasees for any personal injury, disability, death, or property damage I may sustain in relation to my use of Three Rivers Park District's premises and facilities or my participation in the Snowsports School and Activities caused by Releasees' own negligent acts or omissions. I agree that this release applies to and is binding on any minor for whom I sign. I further agree to pay all costs and expenses, including attorneys' fees, incurred by Releasees in connection with any claim brought by or on behalf of me or any minor for whom I sign, in violation of this release of liability.

3) INDEMNIFICATION: I AGREE TO INDEMNIFY AND HOLD THE RELEASEES HARMLESS from liability for claims for personal injury, disability, death, or property damage arising out of my own negligence or the negligence of any minor for whom I sign, even if such claim also arises from or is alleged to arise from Releasees' own negligence. This includes paying all judgments, interests, costs and expenses, including attorneys' fees, incurred by Releasees in connection with any claim arising out of my own negligence or the negligence of any minor for whom I sign, even if such claim also arises or is alleged to arise from Releasees' own negligence.

4) MY RESPONSIBILITIES: I AGREE to follow and be bound by "YOUR RESPONSIBILITY CODE," promulgated by the National Ski Areas Association and posted by Three Rivers Park District.

5) MISCELLANEOUS PROVISIONS: If any term or provision of this Agreement is deemed invalid, illegal, or unenforceable, all other parts will be given full force and affect. All matters arising out of or relating to this Agreement or my participation in the Activities will be governed by the laws of the State of Minnesota, and exclusive jurisdiction thereof will be in the district court residing in and for Hennepin County, Minnesota.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING MY RIGHT TO SUE THE RELEASEES FOR THEIR OWN NEGLIGENCE. I VOLUNTARILY SIGN WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Participant Name (Print):

Signature:

Date:

Age:

I AM THE PARENT OF THE MINOR NAMED ABOVE, OR AM AUTHORIZED TO SIGN ON BEHALF OF THE MINOR. I DESIRE FOR THE MINOR NAMED ABOVE TO PARTICIPATE IN THE ACTIVITIES AND BELIEVE IT IS IN HIS/HER/THEIR BEST INTEREST TO DO SO. I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. BY SIGNING BELOW, I GIVE THE MINOR NAMED ABOVE PERMISSION TO PARTICIPATE IN THE ACTIVITIES WITH THE UNDERSTANDING AND INTENTION THAT THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE BINDING ON ME AND THE MINOR ON WHOSE BEHALF I AM SIGNING, INCLUDING THE EXPRESS ASSUMPTION OF RISK, RELEASE OF LIABILITY FOR RELEASEES' OWN NEGLIGENCE, AND INDEMNITY AGREEMENTS.

Parent or Legal Guardian Name (Print):

Signature:

Date:

Relationship to Minor: