

SADSP VOLUNTEER PROGRAM (2010-11)

As a volunteer with the Ski Apache Disabled Skier's Program for the 2010-11 season I agree to **donate at least ten (10) days to the program** on the mountain in training, coaching, or helping with students (please pencil in the dates that you feel you can contribute on the volunteer calendar in the SADSP office).

NAME (please print) _____

SIGNATURE _____ DATE _____

In recognition of your help, the Ski Apache Resort offers training, the opportunity to purchase a season pass at \$230, and a fun and rewarding experience.

Liability Insurance may be purchased for \$66 for the season and SADSP agrees to reimburse this cost after ten days of service.

If you cannot commit a minimum of ten days to the program, you must arrange for liability insurance or rely on the Volunteer Protection Act if liability becomes an issue. Also, if you cannot commit a minimum of ten days to the program, SADSP will provide you a day pass on the days you are volunteering with the program.

I verify that I have been informed on liability issues and acknowledge that I was offered the opportunity to purchase liability insurance through the SADSP program and have accepted____ denied____the opportunity to get insurance through SADSP.

SIGNATURE _____

Insurance Money received _____

(date)