



Diana Golden / Mills Cup
Level 1 Race Series
Sunday January 22nd, 2012
AbilityPLUS
Mount Snow, VT.



AbilityPLUS invites all disabled skiers and riders to participate in our first regional Level I. Level I races are designed as introductory events for those disabled athletes new to the sport. The open Giant Slalom course is set for entry level racers. Racers compete in either the Diana Golden Division, for athletes with physical disabilities, or the Mills Cup Division, for athletes with non-physical disabilities. Diana Golden Division athletes will compete in one of three categories: Visually Impaired, Sitting, or Standing. Helmets are mandatory for all athletes.

AbilityPLUS will host an awards ceremony for all participants at the conclusion of the race at approximately 1:30 PM. Race registration, coach's meeting and the awards ceremony will all be held in the Discovery Building which is located next to the Drop Zone and large handicapped parking area. .

REGISTRATION INFORMATION:

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ E-MAIL ADDRESS _____

BIRTH DATE (MO-DAY-YR) _____ MALE _____ FEMALE _____ USSA NUMBER _____
NOT REQUIRED

EMERGENCY CONTACT:
NAME _____

PHONE _____

TEAM _____

DISABILITY

***PLEASE CIRCLE FOR GENERAL CATEGORY
IF ORTHOPEDIC OR NEUROMUSCULAR
CIRCLE APPROPRIATE SUBGROUP***

General Categories

Vision Impaired

Hearing Impaired

Cognitive

Neuromuscular

Not Listed _____

Orthopedic

VETERANS: Y N

Branch

Rank

Service dates

Sub Groups			
Orthopedic :	Neuromuscular :	Traumatic Brain Injury	Stroke
Amputation	Cerebral Palsy	Post-Traumatic Stress Disorder	Fixation
Burns	Multiple Sclerosis	Spina Bifida	Nerve Damage
Dwarfism	Muscular Dystrophy	Spinal Cord Injury and Paralysis	Post-Polio

8:00 AM -

9:00 AM Race Registration Discovery Building Main Floor

(next to the drop zone)

9:00 -9:15 AM Coach's Meeting Discovery Building Main Floor

9:15 AM-9:45 AM Course Inspection (Charlie's Chase)

10:00 AM GS Race Start (Charlie's Chase)

1:30 PM*(Approx. Time) Awards Ceremony (Discovery Building)

Division	Diana Golden Cup For racers with physical Disabilities	Mills Cup For racers with non- physical Disabilities
Please Circle One		
Level II Racer ☐		

Disability Classification (circle one)							
L- 0 (Mills Cup)							
Visually Impaired		Standing			Sitting		
B 1		LW-1	LW-4	LW-6/8-1	LW-10-1	LW-11	LW-12-2
B 2		LW-2	LW-5/7-1	LW-6/8-2	LW-10-2	LW-12-1	
B 3		LW-3-1	LW-5/7-2	LW-9-1			
		LW-3-2	LW-5/7-3	LW-9-2			

RACE FEE:

\$45 includes lift ticket and box lunch

Additional lunches available for \$10 if pre-ordered

Buddy Ticket \$20 – limit 1 per racer.

Please email registration info to statem@abilityplus.org and make checks payable to AbilityPLUS. Fees will be collected on Sunday morning at Race Registration.

Official Use Only:

Amount pd \$ _____ Cash _____ Check # _____ CC _____

Extra Lunch _____ Buddy Ticket _____

Getting Here

From New York City and South

Take I-95 North to I-91 in New Haven, CT. Follow I-91 North to Exit #2 in Vermont. Take Route 9 West 20 miles to Wilmington, VT. Turn right at the stoplight on to Route 100 North. Nine miles to Mount Snow.

From Boston, MA

Take Route 2 West to I-91. Follow I-91 north to Exit #2 in Vermont. Take Route 9 West 20 miles to Wilmington, VT. Turn right at the stoplight on to Route 100 North. Nine miles to Mount Snow.

From Albany and West

Take I-90 to I-787. Follow I-787 North to Route 7. Take Route 7 East to Bennington, VT. (Route 7 becomes Route 9 in Vermont.) Take Route 9 East 21 miles to Wilmington, VT. Turn left at the stoplight on to Route 100 North. Nine miles to Mount Snow.

From Montreal, Quebec and North

Take Route 15 South to I-87 (Northway) in New York. Follow I-87 South to Latham Exit 7. Take Route 7 East to Bennington, VT. (Route 7 becomes Route 9 in Vermont.) Take Route 9 East 21 miles to Wilmington, VT. Turn left at the stoplight on to Route 100 North. Nine miles to Mount Snow.

If you are looking for Lodging in the area – I would recommend either:

The Lodge (802-464-5112) or The Gray Ghost Inn 802-464-2474.

If they don't have any availability – please call Central Reservations at 800-245-7669.



DS/USA and ABILITYPLUS Inc.
INSURANCE WAIVER & RELEASE OF LIABILITY and MEDIA
RELEASE FORM



Please note: there are two places on this sheet that require a signature

INSURANCE WAIVER & RELEASE OF LIABILITY FORM In consideration of being allowed to participate in any way in **DISABLED SPORTS USA's** AND **AbilityPLUS** programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1 Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise **ABILITYPLUS, INC.** and **DISABLED SPORTS USA** of such condition(s) and refuse to participate.

2 Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

3 Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4 Release, waive, discharge and covenant not to sue **DISABLED SPORTS USA, ABILITYPLUS, INC., MOUNT SNOW**, or its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____

Signature Participant's Name (PLEASE PRINT CLEARLY) (MM/DD/YY)

FOR PARTICIPANTS UNDER THE AGE OF 18 This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____

Signature Parent Legal Guardian Name Relationship Emergency Phone (MM/DD/YY)

MEDIA RELEASE FORM

Name _____ DOB _____ Male _____ Female _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to **Disabled Sports USA, AbilityPLUS, Inc., Mount Snow** to copyright and/or publish any and all photographs, videotapes and/or film in which I appear. I further agree that **DS/USA, AbilityPLUS Inc, Attitash Mountain Resort, or Wildcat Mountain** may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____ **Participant Signature (MM/DD/YY)**

FOR PARTICIPANTS UNDER THE AGE OF 18

X _____

Signature Parent Legal Guardian Name Relationship Emergency Phone (MM/DD/YY)