



SAIL, Disability Network of the U.P.

**1200 Wright Street, Suite A
MARQUETTE, MI 49855-4744
Phone: 906-228-5744 Fax: 906-228-5573
Website: www.upsail.org**



Welcome!

SAIL, Disability Network of the U.P. is a non-profit organization whose mission is to assist individuals with disabilities and promote accessible Upper Peninsula communities for all. Through generous funding provided by the One in Five Annual Appeal, SAIL is proud to provide a fantastic health and wellness program for Veterans across our beautiful Upper Peninsula. The program will provide opportunities for Veterans with disabilities to participate in fun seasonal activities to enhance their social and physical well-being alongside their peers. **It is truly our honor and privilege to serve you this year!**



Please check the calendar of events on our website www.upsail.org/events/ for updates on locations and times. It is our hope that Veterans will register for events in their area and our annual U.P. wide event in July so that you can reap the full benefits of participating in the activities and fellowship. For more information, please contact SAIL at 1-800-379-SAIL or email to upvetsserved@upsail.org

REQUIRED FORMS FOR PARTICIPATION:

- Copy of verification of Veteran status (i.e. DD-214, VA card, Veteran's organization card, etc.) ****Note: If you participated in the Vet program last year, SAIL has your verification of Veteran status on file.**
- The attached forms must be completed each year. Once submitted, contact SAIL/UP Vets Served to indicate the specific events you wish to participate in. Included in this packet:
 1. Registration Form (page 2)
 2. Release of Information (page 3)
 3. Program Expectations (page 4)
 4. Media Release Form (page 5)
 5. Waiver and Release of Liability (page 6 & 7)
- Additional forms may be necessary for participation based on activity (i.e. additional medical history forms or waivers for specific vendors used during the events)

IMPORTANT NOTES:

- Program provided at no cost.
- Veterans of all abilities are welcome. We will do our best to eliminate any barrier to participation (i.e. transportation, equipment, etc.) for all who identify such need.
- Significant others & children also welcome to attend. Each family member or friend accompanying a Veteran must fill out a registration form to attend.
- You will be informed through verbal or written contact at least five (5) business days in advance of the event about your eligibility for the program upon full completion of your registration forms.
- If you need the services of a personal care assistant (PCA) at home, a PCA must accompany you. Your PCA must also fill out the registration forms.
- If an event changes date or location, you will be informed as soon as possible.



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U.P. Vets SERVED Registration Form

***Can be completed online at: upsail.org/participationform*

****Please complete and return Page 2 - 7 with verification of Veteran status to SAIL via one of the following ways:**
 Fax: (906) 228-5573 Email: upvetserved@upsail.org
 Mail: 1200 Wright St. Ste A, Marquette, MI 49855

Participant Information

		Date:
First Name:	Last Name:	
Birth Date:	Age:	
Address:		
City:	Zip Code:	State:
Home Phone:	Cell Phone:	
Email Address:		
Preferred method of contact: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Text		
Gender: Male Female Other	Race:	
Do you have transportation? Y / N How far are you willing to travel? _____ miles		
Would you like to know of upcoming events?: <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail <input type="checkbox"/> Facebook		

**If you identify as having a Service Connected Disability, please check one.
 If you do not identify as having a disability, please check box marked
 "No Disability reported"**

<input type="checkbox"/> No Disability Reported	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Blind/Visually Impaired
<input type="checkbox"/> Amputation	<input type="checkbox"/> Emotional Impairment	<input type="checkbox"/> Cognitive Impairment
<input type="checkbox"/> Autism	<input type="checkbox"/> Kidney Disorder	<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Deaf/Hearing Impairment
<input type="checkbox"/> Bone/Joint Disorder	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Developmental Disabilities
<input type="checkbox"/> Spinal Cord Injury/Disorder	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD)
<input type="checkbox"/> Pulmonary Disease	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Autoimmune Disorder
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other/Not Listed	

If Other/Not Listed, please specify:

To further understand your needs, please describe any additional information not mentioned above:

Accommodation Request (use additional paper if needed):



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Participant Release of Information

I, _____ [Print Name], (_____) [Date of Birth], authorize the release of information from **Superior Alliance for Independent Living**, its director, designee, or staff, to **vendors and/or volunteers of the U.P. Vets SERVED program** in order to plan and prepare for an activity as part of the program. This shall be on a strict “need to know” basis. The information released may include medical information such as type of disability or types of accommodations needed to perform specific activities of the program.

This authorization is in effect for the **2020-21 U.P. Vets SERVED program** from when this document was signed and dated unless otherwise noted by the participant below.

**Participant requested that the release expire on: Date _____

I understand that SAIL staff assumes no responsibility for decisions made or actions taken by me as a result of assistance. I understand that this authorization for release of information can be revoked at any time upon my written request.

Participant Signature

Date

Parent or Guardian Signature (if applicable)

Date

SAIL Staff Signature

Date

Superior Alliance for Independent Living (SAIL) and any volunteer of SAIL are ethically obligated to abide by Federal and State Confidentiality Laws. This includes being responsible for maintaining the confidentiality of the participants of the agency both during and after each event with SAIL. If you have any questions or concerns about confidentiality, please contact the Executive Director at 906-228-5744.



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U.P. Vets SERVED Program Expectations

Please sign below after reading the expectations of all U.P. Vets SERVED program participants:

1. I will turn in all required paperwork to SAIL at least one week prior to event date to reserve my spot.
2. Prior to the scheduled event, if there is an unforeseeable circumstance and I cannot participate in the activity, I will contact SAIL immediately either through verbal or written communication to allow additional interested veterans to take my place at the event.
3. I will respect all participants, vendors, businesses, hotels, SAIL staff, and community members volunteering their time to host the event.
4. I will respect the confidentiality of other participants during the event.
5. I will properly use all equipment as instructed to ensure the safety of myself and all of those attending the event.
6. If I choose to bring my children, I will plan for and ensure my children are under the care of myself or spouse at all times.
7. I will participate to the best of my ability (barring any unforeseen circumstances) in all aspects of the event that may include activity, meals, groups, meetings or presentations.
8. I will maintain a positive outlook throughout the event that is geared towards an environment of fellowship, wellness, and comradery with others.
9. In an effort to promote a safe environment, I will leave any firearms at home.

I understand that if I am unable to comply with the Program Expectations above, I may not be eligible for future U.P. Vets SERVED program events.

By signing below, I understand and agree to follow the above Program Expectations to the best of my ability to ensure a safe and enjoyable activity for all.

Signature: _____ **Date:** _____
Individual

Signature: _____ **Date:** _____
Parent/Guardian (if individual is under 18 years of age)

Thank you for making these events possible through your participation!



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Media Release Form

Please select from the following two options:

Option 1:

- I do hereby grant permission to SAIL, Disability Network of the U.P. to use my name, image, quotes, and story to promote SAIL programs and/or services only

Additionally, I grant permission for the information above to be used to promote SAIL programs and/or services only in Promotional materials (SAIL brochure, flyers, events, etc), Social Media (SAIL Facebook, SAIL YouTube, Instagram), TV or Radio.

Option 2:

- I DO NOT grant permission for use of name, quotes, images etc. for any purposes.

Signature

Date _____

Parent/Guardian Signature (if under age 18)

Date _____



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Waiver and Release of Liability Agreement

*Superior Alliance for Independent Living (SAIL) and the U.P. Vets SERVED program
1200 Wright St. Ste A
Marquette, MI 49855*

Please read carefully before signing

Superior Alliance for Independent Living (SAIL) and its ("Parties") are non-profit, non-commercial activity providers in the Upper Peninsula of Michigan. "Parties" include representatives, directors, volunteers, employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, the owners, operators and lessors of premises on which the activities or events take place. The purpose of this agreement is to exempt, waive and relieve SAIL and its "Parties" from any and all liability for wrongful death, personal injury, and property damage, including but not limited to liability arising from the negligence of SAIL. In consideration of the undersigned Participant being allowed to participate in any way in SAIL activities (the "Activities"), including, but not limited to, the activities listed on **Exhibit A** below, the Undersigned ("Undersigned" means only the Participant when the Participant is age 18 or older or it means both the Participant and the Participant's parent or legal guardian when the Participant is under the age of 18) enters into this Waiver and Release of Liability Agreement (the "Agreement") and agrees and acknowledges as follows:

1. Risks of Activity: Participant will be taking part in the Activities that can be hazardous and involve the risk of physical injury and/or death and loss of or damage to Undersigned's property. The Activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the Activities. The dangers and risks include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness and negligence of the Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the Activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent or otherwise. I will be solely responsible for any and all medical and related bills that I may incur because of any injury, as well as costs related to loss or damage to my property, that I may sustain as a result of my participation in the Activities, including those sustained on the premises where the Activities are conducted and while I am traveling to and from such premises, regardless of the location or mode of transportation.
2. Fitness: I recognize the physical exertion involved in the Activities and attest and certify that I am physically and mentally fit to participate safely, and I have not been advised otherwise by a health care professional.
3. Release and Indemnification: Undersigned (a) unconditionally releases, waives, forever discharges, and holds harmless the Parties from any claims for any liability or loss of any nature, including personal injury, death and property damage, arising out of or relating to Undersigned's participation in Activities, demands, attorney(s) fees, costs, damages, or causes of action, including, but not limited to negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Parties; (b) agrees not to sue the Parties for any property damages, injury or loss to Participant, including death, which Participant may suffer, arising in whole or in part out of Participant's participation in the Event; and (c) agrees to indemnify, defend and hold harmless the Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the Activities, EVEN IF ARISING FROM THE PARTIES' ORDINARY NEGLIGENCE.
4. Miscellaneous: Undersigned agree (a) Participant will not engage in any Activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this Agreement shall be governed by the laws of the State of MI and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Marquette County, MI, and that for such purposes, I expressly submit to the jurisdiction of such courts; and (c) this Agreement shall be binding upon the subrogers, distributors,



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heirs, next of kin, successors, assigns, executors, administrators and personal representatives of the Undersigned, as well as any other party asserting a claim on behalf of the Undersigned.

5. *This Agreement* contains the entire understanding between and among the Parties and the Undersigned concerning these matters. No waiver, modification, or amendment of any of the terms of this Agreement shall be effective unless made in writing and signed by the party to be charged. If any portion of this Agreement is held invalid the balance of the Agreement shall nonetheless continue in full force and effect.
6. *The provisions of this Agreement* shall survive the termination of the Agreement.

THE UNDERSIGNED HAS READ THE ABOVE WAIVERS AND RELEASES, FULLY UNDERSTANDS THE TERMS AND THAT THE UNDERSIGNED AND THE UNDERSIGNED'S HEIRS, REPRESENTATIVES, AGENTS, AND ASSIGNS ARE GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAS NOT CHANGED THIS AGREEMENT ORALLY, AND SIGNS THIS AGREEMENT VOLUNTARILY.

EXHIBIT A: "ACTIVITIES"

This list is NOT comprehensive of all activities that could be offered through the 2020-21 U.P. Vets SERVED program. Rather, it is a representation of some of the types of Activities that have been offered in the past and could be offered in the future.

Biking	Fishing	Sled Hockey
Cross Country Skiing	Gardening	Snowshoeing
Dance classes	Horseback riding	Tubing
Dogsledding	Ice Skating	Walking / Hiking
Downhill skiing	Kayaking	Yoga/Meditation
Ice Fishing	Cooking classes	

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.
This agreement will be in effect for ONE CALENDAR YEAR to participate in U.P. Vets SERVED program.

Participant Signature	Participant Name (Please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18 **Date of Birth**

Undersigned parent or legal guardian acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor and that the minor shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent or legal guardian of a minor, the parent or legal guardian understands that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. The Undersigned parent or legal guardian agrees that, but for the foregoing, the minor would not be permitted to participate in the Activities. If signing as a parent or guardian of a minor Participant, signing adults represent that they are a legal parent or guardian of the minor Participant.

Parent/Legal Guardian Signature	Parent/Legal Guardian Name (Please print clearly)	Emergency Phone	Date