

# Trekk for Light - Application

June 26 to June 30, 2019 at Camp Maiden near Lewistown, Montana A  
Ski for Light Montana hiking activity for blind and visually impaired  
Mail to: Ski for Light Montana, P. O. Box 221, Lewistown, MT 59457

**DEADLINE: ALL APPLICATIONS MUST BE RECEIVED BY May 15, 2019**

Name \* First and Last

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Address \*

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City/State/Zip \*

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Email \*

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Birth Date Ex: mm/dd/yyyy \*

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Phone Ex: (123) 456-7890 \*

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**This application is for a (please check hiking experience level): \***

**Hiker**

**Guide**

**Hiking Experience: \***

**Beginner**

**Intermediate**

**Advanced**

**Transportation Needed? Yes or No**

**Yes**

**No**

**If YES, please explain your transportation need and if possible we will try assist with carpooling.**

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# Emergency and Medical

Medical conditions and Emergency Contact name and phone number

Eyesight:

High

Medium

Low

List any medical conditions that we should know about (diabetic, restrictive diet, water intake, smoker, etc):

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Emergency Contact Name \*

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Emergency Contact Phone Number Ex. (123) 456-7890 \*

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# Event Costs

For 2019 Ski for Light Montana will pay the cost of the event for all blind hikers residing within our region (Montana, North Dakota, South Dakota, Wyoming & Idaho). Guides are expected to pay their own expenses as listed below. If a Guide needs financial assistance, scholarships may be available for a portion of the cost, upon request to the Board.

Participants from outside our region will be asked to pay the cost for the event as listed below:

Food and other costs are estimated to be \$80.00 per participant.

To keep our program viable, all participants are encouraged to help with fundraising and all

contributions are greatly appreciated and tax deductible. Checks should be made out to Ski for Light Montana.

A deposit of \$80.00 should be included with the application for all paying participants. Everyone is responsible for transportation costs to and from Lewistown, MT. Please return to the website for payment: [slfmt.org/](http://slfmt.org/) applications

## Total Payment

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Name

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Date Ex: mm/dd/yyyy

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## **The release & consent form**

I hereby release "Ski for Light Montana, Inc" & all other sponsoring members, agents, volunteers or any other person connected with "Trek for Light Montana" activities from any duty of care toward me associated with the activities. In so participating I assume full responsibility for any risk or damage to personal property, injury or death from the activities. I understand that this release covers all aspects of the act of hiking, instructions, guiding, condition of terrain, accommodations, board, travel and any other aspect of the "TREKK FOR LIGHT' activities.

I have knowledge of the above mentioned specific dangers associated with the activities and I choose to participate in the event while waiving all rights to bring any action against the Providers for activities connected with the program. I have read the release and knowingly sign it.

**I agree to the terms and conditions stated above.**

**I Agree**

**I Disagree**

## Consent to treatment:

In the event I should for any reason require any medical treatment and/or medication during the course of attendance at or participation in "TREKK FOR LIGHT" activities, I authorize such first aid volunteers as "SKI FOR LIGHT MONTANA, INC" may appoint or designate to cover the needed treatment, to take me to the emergency room of the nearest hospital or the any other medical treatment facility and I further authorize the hospital and the medical staff to provide treatment deemed necessary by them for my well-being.

**I agree to the terms and conditions stated above.\***

**I Agree**

**I Disagree**

**Name - By typing name and date, you agree to terms above. \***

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**Date mm/dd/yyyy \***

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