

LIABILITY RELEASE and WAIVER OF ALL CLAIMS

I acknowledge that skiing, racing, race training, conditioning, chairlifts, and the boarding and unloading process, sports event production, sports events, including training for such activities (collectively referred to as "Sports Activities") are HAZARDOUS activities and that I have made a voluntary choice to participate in such Sports Activities (or to allow my child to do so) despite the risks that they present. I ASSUME THE INHERENT RISKS OF THE SPORTS ACTIVITIES ON BEHALF OF MYSELF AND ANY CHILD ENTRUSTED TO MY CARE. I understand that no refunds of any fees will be given after the program, event, or session begins.

IN CONSIDERATION OF MY OR MY CHILD'S PARTICIPATING IN SKIING, RACE TRAINING, EVENT PRODUCTION, RACING, SPORTS EVENTS, CHAIRLIFT USE (INCLUDING LOADING AND UNLOADING), I AGREE TO RELEASE FROM LIABILITY FOR MYSELF AND MY CHILD AND TO INDEMNIFY AND HOLD HARMLESS THE WILSON HS SKI TEAM AND/OR THE CENTRAL CATHOLIC HS SKI TEAM ORGANIZERS, COACHES, PARENT ASSISTANTS OR TEAM COORDINATORS AND SPONSORS OF THE SPORTS ACTIVITIES, AND ANY EMPLOYEES, VOLUNTEERS, AGENTS, AFFILIATED ORGANIZATIONS FROM ANY AND ALL CLAIMS AND LIABILITIES (INCLUDING COSTS AND ATTORNEY FEES), ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY OR MY CHILD'S PREPARATION OR PRACTICE FOR, OR PARTICIPATION IN, SPORTS ACTIVITIES. THIS RELEASE AND WAIVER OF LIABILITY ALSO APPLIES TO ANY USE OF THE FACILITIES OR EQUIPMENT OF ANY SKI AREA WHERE TRAINING OR COMPETITION MAY TAKE PLACE, PLACES WHERE DRY LAND TRAINING MAY OCCUR, AND ANY OTHER LOCATION WHERE THE ACTIVITIES OF THE SKI TEAM MAY TAKE PLACE. THIS RELEASE AND INDEMNITY AGREEMENT IS INTENDED TO RELEASE CLAIMS AND LIABILITIES CAUSED BY THE NEGLIGENCE OF THE WILSON HS SKI TEAM AND/OR THE CENTRAL CATHOLIC HS SKI TEAM AND/OR THE ORGANIZERS, COACHES, VOLUNTEER AND SPONSORS OF ANY SPORTS ACTIVITIES OR EVENTS.

I acknowledge, understand and agree that it is the responsibility of EVERY racer and his or her family to obtain and maintain health insurance coverage during the entire period of time during which I or my child is training or conditioning for skiing, volunteering for race or training activities, participating in races, and ALL other activities associated with the Ski Team including all Sports Activities. If any term is declared to be invalid hereunder, the remaining terms of this Agreement shall continue to be enforceable. This Agreement is governed by Oregon law.

I, the undersigned, have carefully read and understood this Agreement and all of its terms. I understand that this is a RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS which may prevent me or my estate from recovering damages in the event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

PARTICIPANT'S SIGNATURE: _____

PARENT OR GUARDIAN OF PARTICIPANT (must be signed by parent or legal guardian if Participant is under eighteen (18) years of age). AS PARENT OR GUARDIAN OF THE NAMED PARTICIPANT, I HEREBY AGREE TO THE INDEMNITY PROVISIONS REFERRED TO ABOVE AND I WILL BE RESPONSIBLE FOR THE PAYMENT OF ANY MEDICAL EXPENSES INCURRED BY THIS MINOR.

PARENT OR GUARDIAN NAME: _____ DATE: _____
(please print)

PARENT OR GUARDIAN SIGNATURE: _____

CONSENT FOR MEDICAL TREATMENT OF A MINOR

Name of Minor: _____

As the parent or legal guardian of the above-named minor, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

X _____ Date _____
Signature of Parent or Guardian

Health Insurance Provider _____

Group No. _____ ID No. _____

Home Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____