

SKANEATELES SKI CLUB, INC
SKI RACING PROGRAM

ACKNOWLEDGEMENT, ASSUMPTION OF RISK AND HOLD HARMLESS

I, _____
(*LIST ALL ATHLETES FIRST AND LAST NAMES*), ("COMPETITOR") KNOW THAT ALPINE SKIING AND SNOWBOARDING ARE ACTION SPORTS CARRYING SIGNIFICANT RISK OF SERIOUS PERSONAL INJURY, DEATH OR PROPERTY DAMAGE.

I ALSO KNOW THAT THERE ARE NATURAL, MECHANICAL AND ENVIRONMENTAL CONDITIONS AND RISKS WHICH INDEPENDENTLY OR IN COMBINATION WITH MY ACTIVITIES MAY CAUSE PROPERTY DAMAGE OR SEVERE OR EVEN FATAL INJURIES TO ME OR OTHERS.

I AGREE THAT I AM ALONE RESPONSIBLE FOR (A) MY SAFETY WHILE PARTICIPATING IN COMPETITIVE EVENTS AND/OR TRAINING FOR COMPETITIVE EVENTS AND (B) PROVIDING, UTILIZING AND MAINTAINING THAT EQUIPMENT NECESSARY FOR THE SAFE ENJOYMENT OF MY PARTICIPATION IN SUCH EVENTS AND SPECIFICALLY ACKNOWLEDGE THAT THE FOLLOWING PERSONS OR ENTITIES INCLUDING THE SKANEATELES RACING TEAM, SKANEATELES SKI CLUB, INC., PROMOTERS, SPONSORS, ORGANIZERS, PROMOTER CLUBS, OFFICIALS, AND ANY AGENT REPRESENTATIVE, OFFICER, DIRECTOR, EMPLOYEE, MEMBER OR AFFILIATE OF ANY PERSON OR ENTITY NAMED ABOVE ARE NOT RESPONSIBLE FOR MY SAFETY. I SPECIFICALLY RELEASE AND DISCHARGE, IN ADVANCE, THOSE PARTIES FROM ANY LIABILITY WHETHER, KNOWN OR UNKNOWN, EVEN THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF PERSONS OR ENTITIES MENTIONED ABOVE. I AGREE TO ACCEPT ALL RESPONSIBILITY FOR THE RISKS, CONDITIONS AND HAZARDS WHICH MAY OCCUR WHETHER NOW KNOWN OR UNKNOWN.

BEING FULLY AWARE OF THE RISKS, CONDITIONS AND HAZARDS OF THE PROPOSED ACTIVITY AS PARTICIPANT AND COMPETITOR, I HEREBY AGREE TO WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR DEATH, PERSONAL INJURY OR PROPERTY DAMAGE WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME AS A RESULT OF MY PARTICIPATION IN COMPETITIVE EVENTS OR TRAINING FOR COMPETITIVE EVENTS, AGAINST ANY PERSON OR ENTITY IDENTIFIED ABOVE WHETHER SUCH INJURY OR DAMAGE WAS FORSEEABLE OR NOT, INCLUDING ANY SUCH CLAIMS REGARDING THE DESIGN OR CONDITION OF ANY EQUIPMENT UTILIZED BY ME IN SUCH COMPETITIVE EVENTS WITHOUT REGARD TO WHETHER SUCH EQUIPMENT IS SPECIFIED OR RECOMMENDED BY SUCH PERSON OR ENTITIES IDENTIFIED ABOVE.

I FURTHER AGREE TO FOREVER HOLD HARMLESS AND INDEMNIFY ALL PERSONS AND ENTITIES IDENTIFIED ABOVE, GENERALLY AND SPECIFICALLY, FROM ANY AND ALL LIABILITY FOR DEATH, PERSONAL INJURY OR PROPERTY DAMAGE, ARISING OUT OF OR RESULTING IN ANY WAY FROM MY PARTICIPATION IN COMPETITIVE EVENTS OR TRAINING FOR COMPETITIVE EVENTS, INCLUDING, WITHOUT LIMITATION, PRACTICES AND OTHER TEAM EVENTS.

I CURRENTLY HAVE, AND I AGREE TO MAINTAIN THROUGHOUT THE TIME THAT I TRAIN AND COMPETE, VALID AND SUFFICIENT MEDICAL AND ACCIDENT INSURANCE. I UNDERSTAND THAT THIS IS MY SOLE RESPONSIBILITY AND RELEASE ALL PERSONS AND ENTITIES IDENTIFIED ABOVE FROM PROVIDING THIS COVERAGE FOR ME.

I AGREE THAT I WILL ACCEPT AND ABIDE BY THE SKIER'S RESPONSIBILITY CODE AND THE RULES AND REGULATIONS OF THE UNITED STATES SKI & SNOWBOARD ASSOCIATION, THE NEW YORK STATE SKI RACING ASSOCIATION, AND ANY OTHER RULES OR REGULATIONS IMPOSED BY THE ORGANIZERS OF ANY PARTICULAR COMPETITION.

THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE SHALL BE BINDING UPON MY HEIRS AND ASSIGNS.

BY SIGNING THIS ACKNOWLEDGEMENT, ASSUMPTION OF RISK, AND HOLD HARMLESS AS PARENT/GUARDIAN I AM CONSENTING TO THE COMPETITOR'S PARTICIPATION IN COMPETITIVE SKIING AND/OR SNOWBOARDING TRAINING AND ACKNOWLEDGE THAT I UNDERSTAND THAT ANY AND ALL RISK WHETHER NOW KNOWN OR UNKNOWN, IS EXPRESSLY WAIVED IN ADVANCE.

DATE: _____ SIGNATURE OF PARENT/GUARDIAN: _____

RELATIONSHIP TO COMPETITOR: _____

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

NAMES OF MINORS

BIRTHDATES

ALLERGIES/CONDITIONS

We being the parents of the above named minors do hereby appoint:

PETER FLECKENSTEIN, MICHAEL LEN, JEREMY EUTO, RICHARD MALCOLM

TO ACT ON OUR BEHALF TO AUTHORIZE UNEXPECTED MEDICAL, DENTAL, SURGICAL CARE AND HOSPITALIZATION FOR THE ABOVE NAMED MINORS DURING THE PERIOD OF OUR ABSENCE, FROM

JANUARY 1, 2012 - APRIL 1, 2012

THIS DOCUMENT SHALL BE PRESENTED TO A PHYSICIAN, DENTIST OR APPROPRIATE HOSPITAL REPRESENTATIVE AT SUCH TIME AS UNEXPECTED MEDICAL, DENTAL, SURGICAL CARE OR HOSPITALIZATION MAY BE REQUIRED.

PARENT/GUARDIAN SIGNATURE: _____

HOME ADDRESS: _____

PHONE (HOME) _____

(CELL) _____

INSURANCE (Name, Account/Ins. ID No.; telephone for insurance):

FAMILY PHYSICIANS:
