

WISCONSIN ALL-STATE TEAM
LIABILITY WAIVER & MEDICAL RELEASE FORM
Assumption & Acknowledgment of Risk

I, _____, know that alpine, nordic, freestyle, speed and snowboard skiing 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 United States Skiing, the United States Ski Association, the United States Ski Team, the United States Ski Coaches Association, the ski area, the promoters, the sponsors, the organizers, the promoter clubs, the 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 though 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 they now be known or unknown.

Being fully aware of the risks, conditions, and hazards of the proposed activity as a competitor, coach or official, 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 any participation in competitive events or training for competitive events, against any person or entity identified above whether such injury or damage was foreseeable 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 persons 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 resulting in any way from my participating in competitive events or training for competitive 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 rules and regulations of the USSA and any other rules or regulations imposed by the organizers of any particular competition. This Acknowledgment and Assumption of Risk and Release shall be binding upon my heirs and assigns.

Date: _____ Signature: _____ USSA Member#: _____

By signing this Acknowledgment and Assumption of Risk and Release as Parent/Guardian, I am consenting to the competitor's participation in competitive skiing and training and acknowledge that I understand that any and all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance.

Date: _____ Signature: _____ USSA Member#: _____
SIGNATURE OF PARENT/GUARDIAN IF COMPETITOR IS
UNDER 18 YEARS OLD

WISCONSIN ALL-STATE TEAM
PERMISSION FOR MEDICAL TREATMENT

I hereby give permission to have _____
(Name of Child)

evaluated and/or treated in a medical facility if the need arises during the Wisconsin All-State Ski Team trip to the Eastern Regional Championship races.

(Signature of Legal Guardian)

(Date)

Very important: Racer must bring their health insurance card or at least a copy of both the front and back of their insurance card.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Family Medical Provider _____

Child's Date of Birth _____ Allergies _____

Medical History _____

Current Medications _____

Parents Names:

Home Address:

Telephone:

Health Insurance (include Policy Numbers):

Where you can be located:

Responsible Relative (provide name, relation, address, phone):

Additional Comments: