

RELEASE FORM & MEDICAL INFORMATION  
WINTER 2009-2010

IN CONSIDERATION FOR \_\_\_\_\_ (THE SKIER)

being allowed to participate in races, race training and dryland training conducted by the Mt. Hood Ski Education Foundation, we do hereby RELEASE the Mt. Hood Ski Education Foundation, Mt. Hood Skibowl, and Timberline Ski Area, their employees, agents, contractors, subsidiaries, officers, owners, and any corporation or individual connected with Mt. Hood Ski Education Foundation, Mt. Hood Skibowl, and Timberline Ski Area or any Mt. Hood Ski Education Foundation sponsored event (THE RELEASEES) from any and all liability which may arise from any harm (including death) or damages which may befall THE SKIER while he/she participates in MHSEF sponsored events, or travels to and from such events. This release covers all risks connected with such participation, whether foreseen or unforeseen.

We understand that all athletic activity, skiing, ski racing and training, and the ski area/mountain environment involves inherent danger, including the risk of serious injury or death. We understand and agree that it is not the function of THE RELEASEES to serve as guardians of THE SKIER'S safety.

If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have, HOWEVER, I agree to Indemnify and Hold Harmless THE RELEASEES from any claim by THE SKIER, his/her family, estate or heirs arising out of his/her participation in race training, dryland training, or any other activity conducted by Mt. Hood Ski Education Foundation; further, we do hereby agree to Indemnify and Hold Harmless THE RELEASEES from any claim (including but not limited to claims for medical services and medical expenses) arising out of THE SKIER'S participation in races, race training, dryland training, or any other activity conducted by Mt. Hood Ski Education Foundation. I understand and agree that in consideration for THE SKIER'S participation in the activities described herein, that I have, and will maintain, medical insurance covering the skier and I disclose that information below.

I also give the RELEASEES permission to obtain medical aid for THE SKIER in case of injury and if medical attention becomes necessary. Listed below I have provided THE RELEASEES a list of all prescription drugs used by THE SKIER, any adverse effects from prescription drugs used by THE SKIER, and all allergies that affect THE SKIER.

Signature of Parent, \_\_\_\_\_

Guardian, or THE SKIER

(If THE SKIER is under 18 years of age as of the date below, signature must be that of parent or legal guardian.)

Date: \_\_\_\_\_

THE SKIER'S Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Address, City, State, Zip)

Home Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy and Group Number: \_\_\_\_\_

Regular Prescription Drugs Used

Known Adverse Reactions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known Allergies \_\_\_\_\_  
\_\_\_\_\_

I certify the above medical information is complete and true.

Signature of Parent, \_\_\_\_\_  
Guardian, or THE SKIER

(If THE SKIER is under 18 years of age as of the date below, signature must be that of parent or legal guardian.)

Date: \_\_\_\_\_