

2017/2018 St Paul Ski Club Waiver

Junior Skiers

Last Name	First Name	Home Club	USSA#	Birthdate	Class	Sex
_____	_____	_____	_____	_____	_____	M / F
_____	_____	_____	_____	_____	_____	M / F
_____	_____	_____	_____	_____	_____	M / F
_____	_____	_____	_____	_____	_____	M / F

HOLD HARMLESS & INDEMNITY-revised 6/1/06

Athlete and/or parent(s) acknowledge jumping may cause minor or serious injury and hereby agree to ASSUME THE RISK of injury. Athlete and/or parent agree and covenant to hold harmless and indemnify the St. Paul Education Foundation and the St. Paul Ski Club, their successors, assigns, Board of Trustees, officers, employees, coaches and agents, all collectively referred to as Foundation, from any and all losses and costs, including attorney's fees incurred by the Foundation because of injury or loss to the athlete or parent and claims or suits brought by or on behalf of the athlete or parent(s) against any indemnities, or Foundation, arising out of the athlete's participation in the described skiing program, or any other program or function offered by the Foundation.

MEDICAL RELEASE

In the event that a parent cannot be reached, parent hereby authorizes the Foundation and/or its named coaches to secure any hospital, medical, dental or surgical care, treatment and/or procedure for the athlete. The parent also authorizes that in the event of injury to the athlete, the Foundation and/or its named coaches can sign for athlete to receive care, treatment and/or procedures, under the instructions and direction of the licensed physicians on call at the emergency room of a hospital or emergency facility. The Foundation shall notify parent at the earliest possible time during or after such care. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedure to encourage the physicians and the Foundation and/or its named coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedure. Parent specifically indemnifies and holds harmless the Foundation and/or its named coaches from any and all costs arising out of such care, treatment and/or procedures.

Participant signature (18 years of age or older) _____
Date

Mother/guardian signature (if under 18 years of age) _____
Date

Father/guardian signature (if under 18 years of age) _____
Date

Medical Insurance _____

Policy Number _____

Primary Physician _____

Physicians Phone Number _____

Parent(s) Address _____

Phone _____ Cell _____ Work _____

Emergency contact number:

Name of person _____

Relationship to athlete _____

Home Phone _____ Cell Phone _____ Work Phone _____