



Address:

Participant's Name:

Home Phone: __







Assumption of Risk and Release of Liability Form

Emerg	ncy contact name/phone number:	
Activi	: Description of Activity:	
Meadenstrue officenssign particiondu	sumption of Risk, Release and Medical Authorization Agreement ("Agreement") is entered into for the Samateur Ski Racing Association ("MASRA"), Mt. Hood Meadows Oregon Ltd., the other organizes on & coaching, ski races and the other ski areas where races/events may be held and, in each case, the directors, partners, members, owners, employees, agents, volunteers, landowners, affiliated entities, collectively referred to in this Agreement as the "Protected Parties") as a condition to the Racer/Parting in events, ski races, race training, free skiing, snowboarding, special events and all other activitied!" any of the Protected Parties or in which any of the Protected Parties may participate (collectively ent as "Activities") during the ski season indicated above.	ers of skiing eir respective successors and articipant es sponsored or
Please	ead, then initial/sign each section below.	
olun utho	ledgement, assumption and acceptance of the significant risks, a recognition that the Participan rily knowing these risks, a general release of claims and liability for death, injury or property deation to seek medical treatment and an agreement to indemnify and be solely responsible for c and liabilities.	lamage, an
	I,, understand my participation in the Activity is voluntary. I understand	that participation in
	this Activity may expose me to risks of injuries. Some of these risks are foreseeable, but some are to	
	Examples of risks include physical injury, emotional injury, property damage, economic loss, non-	
	deprivation of rights, privileges, and immunities. Some of these risks cannot be eliminated due to	
	Activity. I understand that these risks could cause harm to me, my property, and other person	18.
	I, the undersigned, acknowledges and assumes the risk inherent or othe	rwise that skiing
	and participation in the Activities are HAZARDOUS activities which carry with them signific	eant risk of serious
	personal injury, death or property damage. I also know that there are natural, mechanical and er	vironmental
	conditions and risks which independently or in combination with the Activities may cause property	damage or severe
	or even fatal injuries to me or others. I have made a voluntary choice to participate in the Activities	
	parent or guardian, to allow my child or ward to participate in the Activities. I agree to accept all re	
	risks, conditions and hazards which may occur whether or not they are now known or contemplated	l by me. Through

	this Acknowledgement and Assumption of Risks I agree that I alone am responsible for the safety of myself and, in the case of a parent or guardian, of the Participant while participating in the Activities and providing, utilizing and maintaining the equipment necessary for the safe enjoyment of skiing and participation in the Activities by me and, in the case of a parent or guardian, by the Participant.				
	I,				
	HEREBY EXPRESSLY ASSUME ANY AND ALL OF THE FOREGOING RISKS				
	JDING THE RISKS OF INJURY, DEATH OR PROPERTY DAMAGE AND SOLE RESPONSIBILITY FOR AFETY AND MEDICAL INSURANCE COSTS OF THE RACER.				
	I, the undersigned, specifically acknowledge that the Protected Parties are not responsib for my safety or, in the case of a parent or guardian, the safety of the Participant. I currently have, and I agree to maintain throughout the entire ski season specified above, valid and sufficient medical and accident insurance coveri me and in the case of a parent or guardian, my child or ward. I understand that this is my sole responsibility and I release all Protected Parties from providing this coverage.				
EMPL or resp	, by this instrument AGREE TO EXEMPT AND RELEASE MEADOWS RACE TEAM AND IT OYEES, AGENTS, AND ALL OTHER RELEASED PARTIES DESCRIBED ABOVE FROM ALL LIABILITY onsibility whatsoever for personal injury, property damages or wrongful death however caused, including but not to, negligence of the released parties, whether passive or active.				
secure 1	event that I require emergency medical treatment while participating in the Activity, I authorize MASRA and its agents the help of a medical services provider and to incur the expenses for medical services recommended by the medical servider. I agree to provide for the payment of these expenses.				
this Ag	greement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of reement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be I thereby and shall remain valid and fully enforceable.				
before notwith	informed myself of the contents of this assumption of risk and release of liability release agreement by reading it signing below on behalf of me and my heirs and I freely and voluntarily assume all risks of such hazards and astanding such, I agree to participate in this activity. I further certify and represent that I have the legal authority to this Agreement.				
Signati	ure of Participant: Date:				
	ure of Guardian (if younger than 18): Date:				