



ATHLETE APPLICATION OREGON SCHOOL SKI ASSOCIATION (OSSA)

Name:	Circle One: M / F	School/Team:	Grade:
Mailing Address:			Date of Birth (mmm/dd/yy):
Athlete Phone:		Athlete Email:	
Parent/Guardian 1 Name:		Parent 1 Phone: Parent 1 Email:	
Parent/Guardian 2 Name:		Parent 2 Phone: Parent 2 Email:	
Emergency Contact, if other than parent/guardian (name, phone)			

Eligibility Requirements: I attest that I have met the eligibility requirements given by my district and school for participating in club sports, including being enrolled/registered with my school district as a high school student and currently passing the minimum number of courses the term prior to and during the 2018/2019 ski season. In addition, I understand that I will be held responsible for all OSSA conduct policies and rules.

Release and Indemnity: I acknowledge that ski racing is a sport carrying a significant risk of serious personal injury, death, or property damage. I also acknowledge that there are natural and environmental conditions and risks that independently or in combination with my activities may cause property damage or severe or even fatal injuries to others or me. I agree that I alone am responsible for my safety while participating in competitive events and/or training for competitive events and specifically acknowledge that the following persons or entities including the Oregon School Ski Association (OSSA), the ski area, the sponsors, the organizers, the race officials and any agent representative, officer, director, employee, member of an affiliate of any person or entity named above (hereinafter the "Released Parties") are not responsible for my safety. I SPECIFICALLY RELEASE, HOLD HARMLESS, AND INDEMNIFY THE RELEASED PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, OR ACTIONS FOR ANY INJURY OR DEATH TO ME, FOR INJURY TO MY PROPERTY, OR FOR WHICH I MAY BE LIABLE TO OTHERS, WHICH ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN AN OSSA EVENT. I AGREE AND UNDERSTAND THAT THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT WILL EXTEND TO ALL CLAIMED WRONGFUL ACTS OF THE RELEASED PARTIES TO THE GREATEST EXTENT ALLOWED UNDER THE LAWS OF THE STATE OF OREGON, INCLUDING THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES. I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand this is my sole responsibility and release all Released Parties from providing coverage for me. I understand that OSSA is not liable for any medical, dental, or hospital bills occurring as a result of injuries incurred and that such bills will be my responsibility or the responsibility of my parents/guardians or their insurance providers. I agree that I will accept and abide by the rules, regulations, and restrictions of OSSA, the duties of skiers under Oregon state law, and any other rules, regulations, and restrictions imposed by the organizers of any particular event. I agree that if any part of this Agreement is deemed to be unenforceable, that the remaining terms and conditions shall be binding upon the parties. This **AGREEMENT OF RELEASE AND INDEMNITY** will be binding upon my heirs and assigns.

Racer Signature:	Date:
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PARENT of RECORD: A Parent/Guardian of record must sign the following section for all participants.

As Parent /Guardian of the child named above (hereinafter "my child"), I am consenting to my child's participation in competitive skiing and training. I further recognize that medical treatment on an emergency basis may be necessary at a time when I am not available to give my consent in advance of such emergency care, and hereby give permission to _____ or a team coach present to authorize such care as may be deemed necessary under existing circumstances. If my child is a minor, I, on behalf of myself, my child, and our heirs, assigns, and legal representatives, agree to be bound by all of the terms and conditions of this **AGREEMENT OF RELEASE AND INDEMNITY**. All references in the above release to "I", "me", "myself", or "my" shall refer to myself and to the child. I represent that I have the legal authority to sign this Agreement of Release and Indemnity on behalf of the minor participant and will hold harmless and indemnify the Released Parties from any liability that may be imposed against such parties because this representation is found to be untrue.

Parent/Guardian of Record Signature:	Date:
Print Name:	Relationship to Child:

FOR PURPOSES OF COMMUNICATIONS ONLY, RACERS NAMES AND ADDRESSES MAY BE RELEASED TO ASSOCIATED ORGANIZATIONS BY THE OSSA EXECUTIVE. IF YOU DO NOT WANT YOUR NAME AND ADDRESS RELEASED YOU MUST IDENTIFY SUCH BY SIGNING THE FOLLOWING.

I do not want my name and address released by the OSSA.

Name (print) _____ Signed: _____