



MISSOULA NORDIC SKI CLUB WAIVER AND RELEASE OF LIABILITY

- 1 **Identification of Risks:** I understand that participation in any skiing activity, including but not limited to, preparation for participation in, coaching and related activities in Alpine, Nordic, Freestyle and Snowboarding competitions and clinics ("the Activity"), involve risks of serious injury including permanent disability, death or losses, both to inaction or negligence of others.
- 2. **Assumptions of Risk:** I agree that I am responsible for my safety while participating in the Activity and that such responsibility includes participation in the Activity only, a) when I am both physically and psychologically prepared to participate safely, b) after fully familiarizing myself with the venue before beginning the Activity and c) while using the equipment of a type and condition reasonably necessary to safely participate in the Activity. I assume all risk connected with responsibility for any injury or loss connected with my participation in the Activity.
- 3. **Waiver:** Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless Missoula Nordic Ski Club, and each of those organizations' affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, official event organizers or sponsors ("Released Parties") from any and all claims by me for any liability, injury, loss or damage in any way connected with my participation in the Activity, except where caused by gross negligence or willful or wanton misconduct of any of the Released Parties. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, and next of kin or assigns who might pursue any legal action or claim on my behalf.
- 4. **Applicable Law:** This waiver and release is formed under and to be interpreted under the laws of the State of Montana.
- 5. **Insurance:** I currently have and 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 from providing this coverage for me.

I HAVE READ THIS WAIVER AND RELEASE CAREFULLY AND HAVING DONE SO, I AM SIGNING IT VOLUNTARILY.

RACER/ MEMBER INFORMATION

Printed Name: _____ Age: _____ Gender: M F
 Signature: _____ Date: ____/____/____
 Email: _____ Phone: _____

FOR ATHLETES OF MINOR AGE

If athlete is less than 21 years of age and a resident of West Virginia, Alabama, Mississippi, Nebraska, Pennsylvania or Wyoming or less than 18 years of age and a resident of any other state, then a parent or guardian must ALSO sign below.
 This is to certify that, as parent/legal guardian of this above named minor; I do hereby acknowledge and consent to his/her agreement to be bound by each of the terms and conditions identified above.

PARENT AND/OR GUARDIAN

Printed Name: _____
 Signature: _____ Date: ____/____/____

