

# USSA/PNSA ALPINE ENTRY CARD

PLEASE PRINT LEGIBLY. USE ONE CARD FOR YOUR ENTRY INTO THE EVENT.

USSA #	LAST NAME	FIRST NAME	
SEX M <input type="checkbox"/> F <input type="checkbox"/>	YR.OF BIRTH	CLASS	CLUB
ADDRESS			
CITY	STATE	ZIP	PHONE # (     )
NAME OF RACE	LOCATION	DATES RACING	
M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU <input type="checkbox"/>	DH <input type="checkbox"/>		
Please indicate which days you are racing and disciplines .			
DATE PAID	CK#/AMT.	COMMENTS:	SL <input type="checkbox"/>
E-Mail Address: _____			GS <input type="checkbox"/>
			SG <input type="checkbox"/>



Making The Difference!

**MT. HOOD MEADOWS SKI RESORT  
COMPETITION / EVENT  
LIABILITY RELEASE  
& INDEMNIFICATION AGREEMENT  
(Competitor and Non-Competitor)**

**PLEASE READ CAREFULLY! THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

Participant understands that skiing, snowboarding and other winter activities (including competitions and events) (hereafter referred to as "Skiing") can be hazardous and that injuries are common when participating in such activities. Participant accepts and assumes the risks associated with Skiing, including, but not limited to, changing weather conditions, variations and steepness in terrain, snow or ice conditions, surface or subsurface conditions, bare spots, creeks and gullies, forest growth, rocks, stumps, course design and placement, terrain feature design and placement, the use of lifts, collisions with natural or man made objects or other persons, grooming and snowmobile equipment, lift towers and other structures and their components, falling, loss of control and exceeding one's ability. Participant hereby freely and expressly assumes any and all risk of property damage, injury and death associated with Skiing.

In consideration for lift access and the use of any other area facilities and premises, Participant hereby agrees to release, hold harmless and indemnify Mt. Hood Meadows and Cooper Spur Mountain Resort and their owners, partners, employees, directors, officers, agents, affiliates and related entities ("Meadows") from any and all claims by or on behalf of Participant against Meadows arising directly or indirectly out of Participant's participation in any competition/event and/or the use of area facilities or premises. This release includes claims and liabilities arising from any cause whatsoever, including, but not limited to negligence on the part of Meadows. This release is binding upon Participant, and Participant's heirs, assigns and legal representatives.

If signing on behalf of a minor Participant, Parent/Guardian accepts full responsibility for any medical expenses incurred due to the minor's participation in Skiing and agrees to release, hold harmless and indemnify (including costs and attorneys fees) Meadows for any claims brought by or on behalf of the minor.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**MEDICAL RELEASE**

If your child needs emergency medical care beyond first aid, and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed **MEDICAL CONSENT FORM** with your school coach or advisor or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital so that medical treatment can be rendered.

**MEDICAL CONSENT FORM**

CHILD'S NAME	ILLNESS	ALLERGIES	MEDICATIONS	DATE OF LAST TETANUS SHOT	OTHER
PHYSICIAN	PHONE	EMERGENCY CONTACT	PHONE	NEAREST RELATIVE	PHONE
HEALTH INSURANCE COMPANY	MEMBER#		GROUP #		

I/we hereby authorize The Mt. Hood Medical Clinic to give all medical and/or surgical treatment that may be required for our child/children during our absence from December until May.

MKT-410 (8/06)

SIGNATURE \_\_\_\_\_

