

RELEASE and MEDICAL INFORMATION FOR THE MCCALL SKI RACING TEAM

Participants must be covered by their own insurance. Medical conditions must be reported to the organizer prior to participation. McCall Ski Racing Team does not offer and/or provide medical insurance covering sickness or injury of any nature for the full duration or part of. The participant will release The McCall Ski Racing Team, RLK and Company, Timberline Lodge and their Officers, Owners, Agents, Landowners where applicable, affiliated Companies, Employees, Volunteers and their successors, and assigns from any and all claims, demands and causes of action whatsoever (including cost and attorney fees) in any way growing out of or resulting from participation in any activities associated with, but not limited to activities with The McCall Ski Racing Team or any activities in the state of Oregon. This waiver and those for Timberline have to be signed prior to participation of any kind, if however they are not, the participant acknowledges that participation is totally at his/her risk. Skiing is a dangerous sport/activity; we cannot and will not be held accountable for risks and damages.

Start Here: →

Racers name	_____ Birthday _____

Ski racing ability	_____ USSA/FIS points _____

Physical condition _____	

Parents name(s) (if under 19)	

Address _____	

Town _____	State _____ ZIP _____

Home phone _____	Work Phone _____

Mobile phone _____	Fax line _____

Allergies (please list) _____	

Medical condition(s) _____	

Emergency contact person _____	Relation _____

Medical Policy Company	

Medical policy number _____	Contact person _____

I DO HEREBY RELEASE THE MCCALL SKI RACING TEAM AND ITS ASSOCIATES AND PARTNERS (RLK AND COMPANY, TIMBERLINE, THEIR OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS) FROM ANY AND ALL CLAIMS AND LIABILITIES. IF THE PARTICIPANTS IS UNDER 18 YEARS OF AGE THE UNDERSIGNED PARENTS AND/OR GUARDIANS DO HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE MCCALL SKI RACING TEAM AND ITS ASSOCIATES AND PARTNERS (RLK AND COMPANY, TIMBERLINE, THEIR OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS) FROM ANY AND ALL CLAIMS AND LIABILITIES ARISING OUT OF OR IN CONNECTION WITH THE PARTICIPATION IN THE TIMBERLINE PROGRAM AND USE OF ANY EQUIPMENT, FACILITIES OR SERVICES AT TIMBERLINE BY THE MINOR CHILD.

I _____ have read and understood all of the details and limitations of participation for myself and/or of my child (under age 18). I have filled out all medical information truthfully and honestly using my best knowledge and good will. The use of a helmet is mandatory during any skiing activity and can only aid but not avoid an accident. It is understood that all information contained on this disclaimer is confidential and will not be used or disclosed unless requested and/or in case of medical emergency.

Participants name _____	Age _____

Participants signature _____	Date _____

Parent/Guardian signature _____	Date _____