

# Kelly Canyon Events

## Registration 9:30 – 10:30 A.M.

### Helmets Mandatory

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_

#### ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE

I, \_\_\_\_\_ know that snowboarding and skiing are action sports carrying risk of serious injury or property damage. I also know that natural, mechanical and environmental conditions and risks which independently or in combination with my activities cause property damage or severe or even fatal injuries to me or others.

I agree that I am alone responsible for: a) my safety while participating in such events and/or training for competitive events and b) providing utilizing and maintaining that equipment necessary for the enjoyment of my participation in such events and specially acknowledge that the following persons or entities including the ski area, the promoters, the sponsors, the organizers, the officials. Kelly Canyon and any agent representative, officer, director, employee, member or affiliate of any person or entity named above is not responsible for my safety. I specifically RELEASE and DISCHARGE in advance, those parties from any liability whether known or unknown, even that liability may arise out of negligence or carelessness on the part of persons or entities mentioned above. I agree to accept all responsible for the risks, conditions and hazards which may occur whether they now be known or unknown.

Being fully aware of the risks, conditions and hazards of the proposed activities as a competitor, coach or official, I HEREBY AGREE TO WAIVE RELEASE AND DISCHARGE any and all claims for damage, personal injury or property damage which I may hereafter accrue to me as a result of ant participation in competitive events or training for competitive events, against any person or entity identified above whether such injury or damage was foreseeable or not, including any such persons or entities identified above.

I further agree to forever HOLD HARMLESS and INDEMNIFY all persons and entities above, generally and specially, from any and all liability for death, personal injury or property damage, resulting in any way from my participating in competitive events or training for competitive events.

I currently have and I 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 and entities identified above from providing this coverage for me.

I agree that I will accept and abide by the rules and regulations of the USSA and any other rules or regulations imposed by the organizers of any particular competition. This Acknowledge and Assumption of Risk and Release shall be binding upon my heirs and assigns.

Date: \_\_\_\_\_ Date of Birth of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_ SIGNATURE OF PARENTS/GUARDIAN IF COMPETITOR IS UNDER 18 YEARS OLD

Date of Event: \_\_\_\_\_ Event: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Bib Number \_\_\_\_\_