



ATHLETE CREDIT CARD AUTHORIZATION

Required for FIS athletes, U14/U16 Regional Champs Team and FW Camps Only

Athlete Name: _____ Account Holder: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ E-Mail Address: _____

Telephone: _____ Cell Phone: _____

Visa/MC ONLY Account Number: _____

Exp: _____ / _____ VIN # _____ *VIN is a 3-digit value printed on the back of your credit card.

I, the undersigned holder of the credit card identified above, do hereby authorize Far West Skiing to charge the aforementioned credit card for expenses for the above identified racer upon notice from the racer/athlete, coach or parent that the racer/athlete is **selected** for and **chooses** to participate in such event.

The undersigned releases Far West from any liability to us otherwise incurred when the credit card is used pursuant to the aforementioned notification. The undersigned has read and understands the Far West Team Travel Information Sheet and accepts responsibility for such charges.

[Please Print Name]

[Signature]

[Date]

Please return to:
Far West Skiing
PO Box 2664
Truckee, Ca 96160
Email: lucy@fwskiing.org
Fax: 1.866.739.2993





FAR WEST SKIING - MEDICAL RELEASE – 2017/2018
For U14 and U16 Championship Teams and Far West Camps Only

Athlete Information / All information must be completed

Name _____ Address _____

Birth Date _____ City, State, Zip _____

Telephone _____ Cell Phone _____

E-Mail Address _____ Club Affiliation _____

USSA Member # _____ FIS # _____

Father _____ **Mother** _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Insurance Coverage

Company _____ Identification # _____

Policy Number _____ Expiration Date _____

Medical History

Allergies _____

Medication _____

Other Medical Information _____

Athlete Medical Release

Parent hereby authorizes USSA/Far West, and/or their named coaches, to secure any hospital, medical, dental or surgical care, treatment and/or procedures for the above named athlete. Parent also consents that in the event of injury to the athlete, coaches can sign for competitor to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. The coaches shall notify Parent at the earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedures to encourage the physicians and coaches to exercise their best judgment to the requirements of such care, treatment and/or procedures. Parent specifically indemnifies and holds harmless U. S. Skiing, USSA/Western Region and USSA/Far West, and its coaches from any and all costs arising out of such care, treatment and/or procedure.

Parent Signature

Date

Waiver and Release of Liability

We acknowledge that skiing, ski racing and related activities are hazardous activities and that _____ has made a voluntary choice to participate in those activities despite the risks that they present. These risks include, but are not limited to, serious personal injury and accidental death.

For the consideration of ski racing instruction and training performed by USSA/Far West, we, the parents or legal guardians of _____ do hereby agree to assume any and all risks of injury or death associated with my child's participation to the fullest extent allowed by law. We agree to release from liability, indemnify, defend and hold harmless USSA, USSA/Far West and any of their employees, volunteer workers, agents, and affiliated companies for any injuries sustained by our child or ward herein named above occurring out of activities of ski racing instruction, racing or traveling to and from races or training camps.

_____ Athlete's Signature	_____ Date
_____ Father's or Guardian's Signature	_____ Date
_____ Mother's or Guardian's Signature	_____ Date

USSA Insurance Policy

FIS and USSA rules require that competitors be covered by valid and sufficient accident insurance. Proof of this insurance must be carried by the racer and be available at each race or camp so that prompt medical care can be obtained, if ever needed.

Agreement

We have read and understood the Insurance Policy statement. The insurance policy listed on this form meets the requirements of the USSA Insurance Policy and will be maintained in force while the competitor is involved in a USSA/Far West camp or team or while participating in any event on a U.S. Skiing or USSA/Far West quota. We agree that we are responsible for any and all medical charges and we agree that we will promptly reimburse USSA and USSA/Far West for any expenses that they or their coaches incur on behalf of the competitor.

_____ Athlete's Signature	_____ Date
_____ Parent's or Guardian's Signature	_____ Date

MAIL OR FAX THIS PAGE TO:

Far West Skiing
Attn: Lucy Schram, Administrator
PO Box 2664
Truckee, CA 96160
Email: lucy@fwskiing.org
Fax # (866) 739-2993

Required for U14, U16 Championships and Far West Camps Only

Members of the Far West Traveling Team, competitors, coaches, officials and other individuals who officially represent the Far West at an event are required to abide by the USSA Code of Conduct and the Far West policy concerning illegal drugs, alcohol and tobacco. Far West supports USSA's commitment to the SafeSport program, to help raise awareness about misconduct. Any Far West athlete who has questions or concerns about possible unacceptable behavior, physical contact or abuse can call the USOC SafeSport hotline, at 855-665-5473.

Additionally, team members are:

- to refrain from the use of alcohol of any form;
- to refrain from the use of tobacco of any form;
- to refrain from the use of firearms of any kind;
- required to attend all team meetings and team training unless excused by the team head coach;
- required to observe the curfew established by the the coaching staff and chaperones;
- required to lodge with the team and to reside in the room to which they are assigned and share responsibility with their roommates for damages or rule violations that occur in the room when it is not possible to establish individual responsibility;
- boys and girls may 'hang out' in common areas. Boys are not allowed in girls rooms and girls are not allowed in boys rooms at any time!
- required to remain with the team or in the vicinity of the team's housing, except with the knowledge and permission of the team head coach or chaperone;
- required to observe all rules of the team lodging and host mountain.
- required to observe any additional rules established by the team head coach, chaperones or the Far West Skiing Alpine Competition Committee.

Violation of these rules may result in

- -suspension from the team or any portion of the event
- -ineligibility for future traveling team participation.
- -rule violations that occur within 24 hours prior to the team's departure from an event, may result in a suspension through the next event for which the racer is eligible.
- -In all cases of alcohol, tobacco or drug violations and in other cases which the coaches, in consultation with the FWS ACC Chairman, decide are appropriate, the individual(s) involved will be suspended from team participation for a minimum of one additional event for which they are eligible.
- -First Violation: minimum suspension of one additional event and maximum of one year.
- -Second Violation: permanent loss of privilege of traveling team participation.

In any case involving suspension or ineligibility, the individual(s) will have the right to a hearing before an impartial panel appointed by the Far West Skiing ACC Chair. To exercise this right, the individual must request the hearing within five (5) days of his/her verbal notification of the impending action or of the mailing of a letter of notification to the address on file with the USSA/Far West Office. The individual may request a reasonable amount of time to prepare his/her case, but must be prepared to appear no later than seven (7) days prior to the next event for which he/she wishes to participate as part of a Far West Team. The appeals / hearing procedures can be found





in the Far West Skiing Alpine Competition Manual

No Far West coach or other official may deny an athlete the right to participate in a competition for which he/she is eligible as a disciplinary measure for violation of Far West Traveling Team rules without following appropriate sanctioning and disciplinary procedures defined in the Far West Policies and Procedures and Competition Manual.

AGREEMENT: I, the undersigned racer, have read and understood the Far West Team rules above, agree to abide by them when I am at an event or traveling to or from the event as a member of a Far West Traveling Team. I realize that a violation of these rules may result in my immediate suspension from a Far West Traveling Team, and in the loss of all team services including, but not limited to housing, meals, wax, local transportation, training, representation at the team captain's and jury meeting, transportation to and from the event. I understand that I will receive no refund for the unused portion of these services. If suspended, I will be prepared to make all arrangements that may be necessary in order to continue to compete in the event and to arrange the return from the event.

Athlete's Signature

Date

Parent's Signature (if racer is under 18)

Date





LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT

THIS RELEASE AND INDEMNITY APPLIES TO EACH AND EVERY EVENT / RACE / ON HILL TRAINING PROGRAM AT ALYESKA RESORT FOR THE 2017-2018 SKI SEASON

NAME OF PARTICIPANT: _____ AGE: _____
(Please print)
ADDRESS: _____ CITY: _____ STATE: _____ (ZIP) _____
PHONE #: _____ EMail: _____

PLEASE READ CAREFULLY * THIS AGREEMENT LIMITS OUR LIABILITY

If participant is under 18 years of age, participant’s parent or legal guardian must initial and sign.

I affirm I am physically fit to participate. I release and discharge Alyeska Resort Management Company and Alyeska Ski Resort L.L.C., jointly, doing business as “Alyeska Resort”, their owners, parents, affiliated and subsidiary organizations, together with all of their respective shareholders, directors, officers, employees, volunteers and agents (the released parties) from any and all claims, demands, actions and causes of actions, whether for property damage, personal injury, or death, arising from my participation in any aspect of any and all events scheduled to be held at or near Alyeska Resort.

Participant’s initials: _____ Parent or Guardian Initials: _____

RELEASE OF LIABILITY: I hereby release Alyeska Resort Management Company and Alyeska Ski Resort L.L.C., jointly, doing business as “Alyeska Resort”, their owners, parents, affiliated and subsidiary organizations, together with all of their respective shareholders, directors, officers, employees, volunteers and agents (the released parties), from any and all claims, liability, or causes of action of any kind, whether known or unknown, whether based on **negligence** or otherwise, for property damage, personal injury, or death, arising from or related to the participant’s participation in any and all events scheduled to be held at or near Alyeska Resort. **I understand and agree that I may be participating in an event which will include aerials, jumps, inverted aerials, back flips, twists and turns. I understand that these maneuvers are inherently dangerous and risky and could result in my serious injury or death. I accept this risk and understand the consequences of my actions.**

Participant’s initials: _____ Parent or Guardian Initials: _____

INDEMNIFICATION: I hereby agree to indemnify, defend and hold harmless, Alyeska Resort Management Company and Alyeska Ski Resort L.L.C., jointly, doing business as “Alyeska Resort”, their owners, parents, affiliated subsidiary organizations, together with all of their respective shareholders, directors, officers, employees, volunteers and agents (the released parties), against any claim, liability, or cause of action of any kind, whether known or unknown, whether based on **negligence** or otherwise, for property damage, personal injury or death, made against the indemnified parties and arising from or related to the participant’s participation in any and all or competitive events at or near Alyeska Resort. I accept full responsibility for all medical expenses arising from or related to the participant’s participation in any and all events at or near Alyeska Resort.

Participant’s initials: _____ Parent or Guardian Initials: _____

COVENANT NOT TO SUE: I hereby covenant and agree I will never bring, authorize to be brought, or otherwise participate in any claim, suit, or cause of action of any kind, whether known or unknown, whether based on **negligence** or otherwise, for property damage, personal injury, or death, against Alyeska Resort Management Company and Alyeska Ski Resort L.L.C., jointly, doing business as “Alyeska Resort”, their owners, parents, affiliated and subsidiary organizations, together with all of their respective shareholders, directors, officers, employees, volunteers and agents (the covenantees), arising from or related to the participant’s participation in any and all events at or near Alyeska Resort.

I HAVE READ THE ASSUMPTION OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION AND COVENANT NOT TO SUE. I UNDERSTAND AND AGREE TO THE PROVISIONS.

Date _____ Participant’s Signature: _____ Parent or Guardian Signature: _____



Alyeska Resort Model Release

For consideration herein acknowledged as received and by signing this release I hereby give Alyeska Resort Management Company "ARMCO", Photographer / Filmmaker and Assigns my permission to license the content and to use the content in any media for any purpose (except pornographic or defamatory) which may include, among others, advertising, promotion, marketing and packaging for any product or service. I agree that the content may be combined with other images, text, graphics, film, audio, audio-visual works; and may be cropped, altered or modified.

I agree that I have no rights to the content, and all rights to the content belong to ARMCO, Photographer / Filmmaker and Assigns. I acknowledge and agree that I have no further right to additional consideration or accounting, and that I will make no further claim for any reason to ARMCO, Photographer / Filmmaker and/or Assigns. I acknowledge and agree that this release is binding upon my heirs and assigns. I agree that this release is irrevocable, worldwide and perpetual.

It is agreed that my personal information will not be made publicly available but may only be used directly in relation to the licensing of the Content where necessary (e.g. to defend claims, protect rights or notify trade unions) and may be retained as long as necessary to fulfill this purpose, including by being shared with sub-licensees / assignees of ARMCO, Photographer / Filmmaker and transferred to countries with differing data protection and privacy laws where it may be stored, accessed and used. I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release.

Definitions: "ASSIGNS" means a person or any company to whom Photographer/Filmmaker has assigned or licensed rights under this release as well as the licensees of any such person or company. "CONSIDERATION" means \$1 or something else of value I have received in exchange for the rights granted by me in this release. "CONTENT" means all photographs, film, audio, or other recording, still or moving, taken of me as part of the Shoot. "MEDIA" means all media including digital, electronic, print, television, film, radio and other media now known or to be invented. "MODEL" means me and includes my appearance, likeness and voice. "PARENT" means the parent and/or legal guardian of the Model. Parent and Model are referred to together as "I" and "me" in this release, as the context dictates. "PHOTOGRAPHER/ FILMMAKER" means photographer, illustrator, filmmaker or cinematographer, or any other person or entity photographing or recording me. "SHOOT" means the photographic, film or recording session described in this form.

Model Information:

Name (print) _____

Date of Birth (DD/MM/YEAR) _____

Gender: Male Female

Model (or Parent*) Information

Residence Address _____

City _____ State/Province _____ Zip/Postal Code _____

Email _____ Phone _____

Signature _____

Date signed (DD/MM/YEAR) _____

**If Model is a minor or lacks capacity in the jurisdiction of residence, Parent warrants and represents that Parent is the legal guardian of Model, and has the full legal capacity to consent to the Shoot and to execute this release OF ALL RIGHTS IN MODEL'S CONTENT. If you are signing in this capacity, please enter your details above and your name below.*

Parent's Name (if applicable): _____