



**FAR WEST SKIING - MEDICAL RELEASE – 2023/24**  
*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 \_\_\_\_\_

US Ski and Snowboard # \_\_\_\_\_ FIS # (U18+) \_\_\_\_\_

**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 U.S. Ski and Snowboard/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, U.S. Ski and Snowboard /Western Region and U.S. Ski and Snowboard /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 U.S. Ski and Snowboard /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 U.S. Ski and Snowboard, U.S. Ski and Snowboard /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

## U.S. Ski and Snowboard Insurance Policy

FIS and U.S. Ski and Snowboard 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 U.S. Ski and Snowboard Insurance Policy and will be maintained in force while the competitor is involved in a U.S. Ski and Snowboard /Far West camp or team or while participating in any event on a U.S. Skiing or U.S. Ski and Snowboard /Far West quota. We agree that we are responsible for any and all medical charges and we agree that we will promptly reimburse U.S. Ski and Snowboard and U.S. Ski and Snowboard /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 EMAIL THIS PAGE TO:**

**Far West Skiing  
Attn: Kayla Wieczorek, Administrator  
PO Box 2664  
Truckee, CA 96160  
Email: [manager@fwskiing.org](mailto:manager@fwskiing.org)**