



CHISHOLM SKI CLUB ALPINE RACE PROGRAM  
REGISTRATION FORM

NAME \_\_\_\_\_ DOB \_\_\_\_\_

MOUNTAIN KIDS (8-11, \$225) \_\_\_\_\_ MOUNTAIN SCHUSSERS (12-13, \$450) \_\_\_\_\_ BLACK & BLUE GATE SMASHERS (14-18, \$450) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

**Identification of Risk:** I, (participant) \_\_\_\_\_ understand that there are inherent and other risks involve in sport, that injuries are a common and ordinary occurrence. I understand that these injuries might result not only from my actions, but the actions, inactions, or negligence of others.

**Assumption of Risk:** I agree that I am responsible for my safety while participating in the Chisholm Ski Club Alpine Race Program or other sport (running, skiing, tubing, snowboarding, walking, Nordic walking, racing, etc.) with the Maine Winter Sports Center; Black Mountain of Maine and Chisholm Ski Club, and that such responsibility includes being physically and psychologically prepared to participate, familiarizing myself with the venue before beginning and using equipment safely. I assume all risks, both known and unknown, connected with my participating.

**Waiver:** Being aware of the risks and willing to assume them, I hereby release from any legal liability Black Mountain of Maine, Maine Winter Sports and its Board of Trustees, their agents, directors, officers, coaches, employees, sponsors, owners/lessors of use property and trails as well as the owners, manufacturers and distributors of equipment provided to me from liability for injury or death to myself or to any other person or damage to property resulting from my participation in the Chisholm Ski Club Alpine Race Program and competition and for any claim based upon negligence, breach of warranty, contract or other legal theory, accepting myself the full responsibility for any such injury, death or damage which may result. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns. This agreement is governed by the applicable law of Maine. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force effect. This waiver does not release acts of negligence nor willful and wanton misconduct of any party.

I have read this agreement carefully, understanding that I give up substantial rights by signing it and sign it voluntarily.

\_\_\_\_\_  
Participants Signature Date

\_\_\_\_\_  
Print Name Date

For participants under that age of 18: I consent to the above person's participation in Black Mountain of Maine; Maine Winter Sports Center competition and the Chisholm Ski Club Alpine Race Program. I acknowledge, for myself and the above person, that we assume all risks, known and unknown, and waive all claims in advance.

I have read this agreement carefully, understand that the above person and I give up substantial rights by signing it, and sign it voluntarily.

\_\_\_\_\_  
Parent/Guardian full name (print) Date

\_\_\_\_\_  
Parent/Guardian signature Date



CHISHOLM SKI CLUB ALPINE RACE PROGRAM  
**HEALTH/EMERGENCY INFORMATION**

CHILD'S NAME \_\_\_\_\_

PARENT(S)/GUARDIAN(S) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_\_\_\_

WORKPLACE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**In case of emergency and the parent(s)/guardian(s) cannot be reached, please contact one of the following persons:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relation \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relation \_\_\_\_\_

**PLEASE LIST ANY CHRONIC MEDICAL CONDITION OR ALLERGIES YOUR CHILD  
MAY HAVE AS WELL AS ANY MEDICATIONS YOUR CHILD MAY TAKE \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST ANY OTHER IMPORTANT INFORMATION WE SHOULD KNOW ABOUT  
YOUR CHILD \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_