

THE RIDERS CLUB – SNOW SKATE SURF at Black Mountain / Rumford Maine

www.theridersclub.org is a 501(c)3 Non-Profit Corporation

The Riders Club was established to provide a positive gateway for all snowboarders, free ride skiers, surfers and skateboarders offering them the opportunity to follow their passions, live healthy lives, and to provide the tools to become respectful, successful citizens.



FRIDAY NIGHT FREESTYLE PROGRAMS

Winter Mailing Address: **The Riders Club – The Loaf #143 – Carrabassett Valley, ME 04947**

Spring/Summer/Fall Mailing Address: **The Riders Club – 6 Union Ave – Old Orchard Beach, ME 04064**

ATHLETE'S INFORMATION (YOU MUST COMPLETE A FORM FOR EACH ATHLETE/CHILD)

Athlete's Name:

Athlete's Cell if applicable:

Is this your first year with THE RIDERS CLUB YES / NO

Date of birth:

Age:

School Name & Town:

Grade:

PARENT & LEGAL GUARDIAN INFORMATION RELEASE & AGREEMENT

PRINT: Legal Guardian(s)/Parent Name(s) authorized to complete and agree with this 2 page form:

ADDRESS:

Cell and Home Phone numbers of legal guardian(s)/parent(s):

Email:

INSURANCE INFORMATION

Name of Insurance:

Athlete Doctor's name and telephone:

Emergency contact, who do we call if different than parent/legal guardian? Enter name and tele:

Use this space to List all concerns, conditions, or medications we should know about your athlete child:

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MEDICAL INFORMATION & RELEASE CONSENT: THE UNDERSIGNED ATHLETE OR THE PARENT/GUARDIAN SIGNING THIS FORM ON BEHALF OF A MINOR , HEREBY GRANTS PERMISSION IN CASE OF INJURY, TO HAVE A PHYSICIAN OR OTHER MEDICAL PERSONNEL PROVIDE MEDICAL ASSISTANCE AND/OR TREATMENT TO SAID ATHLETE.

THE UNDERSIGNED ATHLETE WHO IS AGED 18 OR OVER, OR THE PARENT/GUARDIAN SIGNING THIS FORM ON BEHALF OF AN ATHLETE YOUNGER THAN AGE 18, HEREBY ACKNOWLEDGES AND AGREES FOR HIM OR HERSELF OR, AS APPROPRIATE, ON BEHALF OF SUCH MINOR ATHLETE, AS FOLLOWS:

I hereby represent and warrant that I am physically capable of participating in the specified event above. I acknowledge that there are certain inherent risks of injury (including death) and/or property loss or damage associated with many activities from such event. Safety is directly affected by my judgment and physical capabilities, often in a rapidly moving environment. It is my responsibility to stay within the limits of my own ability and good judgment. I agree to assume full responsibility for any/all personal injuries or harm of any kind or property damages which could arise, whether directly or indirectly, no matter how indirectly, from my participation in such event. I/we agree to take full responsibility for any injury (including death) or damage to personal property caused by me to any parties, including, without limitation, any officers, directors, employees, co-founder or member of The Riders Club, event host (including its owners, officers, directors and employees) or any person volunteering or assisting with the event whether such injury is caused by accident, negligence of any kind or intentional or unintentional, or criminal, acts of any kind or nature. I AGREE NOT TO SUE and/or NOT TO TAKE ANY LEGAL ACTION OR MAKE ANY CLAIMS towards or against any officer, director, employee, co-founder or member of The Riders Club, any event volunteers, the event host (including its owners, officers, directors and employees) for any reason for any harm or injury suffered by me or caused by me to any other person or that results in any real or personal property damage. It is the intent of this agreement to protect The Riders Club and its members, co-founders, officers, directors, employees, and paid or volunteer staff and agents, event hosts, event volunteers, and their heirs, successors and assigns against all such claims, demands, liabilities, suits or other actions or cause of action whatsoever, whether alleging negligence intentionally tortious actions or otherwise.

I understand that skiing/snowboarding/surfing/skating/other activities, events, training and competitions are potentially hazardous activities and may subject me to the risk of severe injury and death, even if the advice and instructions of The Riders Club are followed. I FULLY ACKNOWLEDGE AND VOLUNTARILY ACCEPT THESE RISKS. Any injuries or loss of property that may occur while under the supervision of The Riders Club or event host/sponsor are not the responsibility of The Riders Club or its co-founders, officers, directors, members, paid employees or volunteer staff, event hosts or any of their officials or staff.

Photo Release: I give permission to The Riders Club, event hosts and their agents to take photographs and use photos and/or other digital reproductions for publication purposes, whether in electronic, print, audio or digital format for promotional and advertising purposes which may occur in any medium, including without limitation, social media. I also give permission to receive text, calls, emails, and other "social" media communications from or on behalf of THE RIDERS CLUB and event hosts.

Signature:

Amount Paid \$

Circle one

Paid by Credit Card/Debit

Paid by Check write Ck# _____

Paid by Cash

- ✓ **This form is the property of The Riders Club**
- ✓ **All Originals must be giving to The Riders Club once completed and paid**

Notes:

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Any questions call Barry Tripp at 207 450 0132 or email
btripp@theridersclub.org