



**Chisholm Alpine Race Team**

**Registration Form 2018-19**

Full Competition Program 12 week program. Ages 7-18 (does not include season pass)

July 1-August 31 \$450 Sept 1 \$495

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone(Home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Identification of Risk:** I, (participant) \_\_\_\_\_ understand that there are inherent and other risks involved in the sport, and 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 Ski School Program or other sports (running, skiing, tubing, snowboarding, walking, Nordic walking, racing, etc.) with the Maine Winter Sports Center, Black Mountain Ski Resort 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 Ski Resort, Maine Winter Sports, and its Board of Trustees, their agents, directors, officers, coached, employees, sponsors, owners/lessors or 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 Ski School 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.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Print

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

**For participants under the age of 18:** I consent to the above person’s participation in Black Mountain Ski Resort/ Maine Winter Sports Center competition and Ski School 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 Alpine Race Team**

**Athlete Medical Disclosure & Emergency Medical Release**

**PERSONAL INFORMATION AND MEDICAL DISCLOSURE**

Athlete Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Personal Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Problems/History \_\_\_\_\_  
Allergies \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_  
Policy Number \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE**

In the event of an emergency requiring treatment, surgery or the administration of other medical services, permission is granted by \_\_\_\_\_, who is the parent and/or guardian of \_\_\_\_\_, to the staff of the Black Mountain to act on his/her behalf should attempts to contact the above named person(s) prove to be unsuccessful. Permission is granted for a doctor to perform any diagnostic procedure, anesthetic, operation, or curative remedial procedure they deem necessary or advisable for the care and treatment of the above named skier athlete.

**Consent: I, parent/guardian of participant, hereby grant permission, in case of injury, to have a physician or other medical personnel, provide medical assistance and/or treatment to said athlete.**

Parent/GaurdianSignature \_\_\_\_\_ Date \_\_\_\_\_

**Chisholm Alpine Race Team**  
**Responsibility Code and Liability Release Form**

***PLEASE READ CAREFULLY BEFORE SIGNING***

**WARNING:** All forms of skiing, snowboarding, tubing, and other alpine activities, including the use of lifts, and the use of specialized terrain park elements, are hazardous. Falls and injuries are a common occurrence, therefore, requiring the deliberate and conscious control of your physical body through proper use of equipment in relation to ever-changing variable and dangers. Safety is directly affected by your judgment in the severe elements of the terrain. Ski, ride or tube only within your own ability and be cautious and concerned for others around you at all times. SKI AWARE and KNOW THE CODE

**YOUR RESPONSIBILITY CODE – National Ski Areas Association**

1. Always stay in control, and be able to stop or avoid people and objects.
2. People ahead of you have the right of way; it is your responsibility to avoid them.
3. You must not stop where you obstruct a trail, or are not visible from above.
4. Whenever starting downhill or merging into a trail, look uphill and yield to others.
5. Always use devices to help prevent runaway equipment.
6. Observe all posted signs and warnings. Keep off closed trails and out of closed areas.
7. Prior to using any lift, you must have the knowledge and ability to load, ride and unload safely.

I, the undersigned, for myself and/or for a minor child for whom I am legally responsible in this matter, desire to be permitted to use the ski area premises, and/or desire to participate in ski training, and/or ski competitions, and agree and understand that these activities, and the use of the tramways/lifts associated with them, may be hazardous to the participant, regardless of all feasible safety measures that may be taken. I accept, as a matter of law, all risks inherent therein (including without limitation, injury, and death or property damage).

I hereby release, hold harmless, and agree to indemnify, and promise not to bring or maintain an action against Black Mountain Ski Area, and its owners, representatives, affiliates, officers, managers, directors, servants, lessors, agents and employees, successors and assigns for all liability for any injuries, damages, claims or actions, in law or in equity, and from any and all claims by me, my estate, my family, heirs and/or assigns, arising in any way, directly or indirectly, from my participation in recreational activities at Black Mountain. I further accept for myself and those for whom I am parent or guardian full responsibility for any injury or damage of any kind that may result from our participation in winter sports at Black Mountain.

I acknowledge that I have read this entire document and I understand its contents

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

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

For Myself and as a Parent/Guardian for the following minor child(ren):

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

print name above print name above print name above print name above

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

print name above print name above print name above print name above

**EMERGENCY INFORMATION** (In case of emergency, please contact the following:)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell/Local# \_\_\_\_\_

39 Glover Road • P.O. Box 296 • Rumford, Maine 04276 Tel: (207) 364-8977 • Fax: (207) 369-0252 Email:

bmominfo@roadrunner.com • Website: www.skiblackmountain.org