

# Diamond Peak Ski Education Foundation Inherent Risk of Skiing – Liability Release

Athlete Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Talent Squad \_\_\_\_\_ Far West J45 \_\_\_\_\_  
Tahoe League Race \_\_\_\_\_ Far West J3 \_\_\_\_\_  
Freeride \_\_\_\_\_ Far West J12 \_\_\_\_\_  
Advanced Freeride \_\_\_\_\_ Masters \_\_\_\_\_ (Fill in you and your spouse's info below)

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Local Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Alternate/second E-mail \_\_\_\_\_

DPSEF Designated Voting Member Name (This will usually be parent or guardian if athlete is under 18 years of age) \_\_\_\_\_

Did the information above change since last year? Yes \_\_\_ No \_\_\_

Allergies, Medications, or any other medical conditions DPSEF should be aware of?

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### Liability Release:

I understand that skiing is an inherently hazardous sport and that any person participating in skiing will be exposing himself or herself to the risk of bodily injury or property damage due to the nature of this activity, and I agree to assume such risks.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

### Medical Release:

It is understood that Diamond Peak Ski Education Foundation (DPSEF) or Diamond Peak Ski Resort may furnish first aid care, including, but not limited to, transportation of the injured person to a facility where definitive medical care can be provided at the cost of the individual. The furnishing of such care in no way is an admission of, or assumption of, liability on the part of DPSEF or its officers, agents, or employees. It is understood that DPSEF or Diamond Peak Ski Resort will attempt to contact the parent/guardian of the minor, if possible, prior to transporting the minor to a physician or medical facility for emergency medical treatment. The undersigned grants permission to any licensed physician and/or medical facility to render emergency medical care to said minor and consents to such treatment.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

### Release of Liability:

I hereby, for myself and my heirs, executors, and administrators, do release DPSEF, its officers, agents, and employees, from any and all liability of any kind for any damage or injury, which they may suffer due to my, or the above named athlete's, participation in any activity provided by DPSEF.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_