

NATIONAL SKI PATROL SYSTEM EVENT / TRAINING RELEASE FORM

I agree I am voluntarily participating in this National Ski Patrol Central Division Women’s Clinic, # SES - C019220007 / TES - C019220008. I understand that the Women’s Clinic may involve extensive field work on first aid scenarios, skiing, and toboggan handling along with other activities which ski patrollers (or other Outdoor Emergency Care providers in other settings, like bike patrols, white water, etc.) encounter in their duties of patrolling and training. I realize there are inherent risks in this type of activity including changing weather conditions, changing surface conditions, ice, bare spots, rocks, stumps, trees, and the possibility of collisions with manmade and natural objects or other skiers / riders, the exposure to bodily substances, pathogens, and other infectious substances and that such activity can be dangerous and can result in serious injury, illness or death. I knowingly assume the risk of participation and understand I can withdraw from this Women’s Clinic at any time. I understand that by participating in this Women’s Clinic I may also encounter additional risks not inherent to a normal participant to the sport of skiing (or other outdoor activities). I agree to personally assume all these risks. I also agree that I will rely solely on my own judgment regarding my personal safety and ability with regard to the terrain, circumstances and conditions in which I may be placed upon and asked to demonstrate or perform to accomplish the tasks involved in Women’s Clinic, and that I will decline to perform any activities if I believe I am placing myself in an unsafe situation or subject to possible injury or death if I proceeded.

As a requirement of this Women’s Clinic, I acknowledge that I agree to waive any right I might have to file a lawsuit for any injury or death resulting from my participation in this Women’s Clinic and I hereby remise, release, and forever discharge the venue hosting the event, the National Ski Patrol System, Incorporated and its members, both individually and jointly, as well as the NSP’s Sponsors and Industry Partners participating and I agree that no one else may file a lawsuit in my name related to my participation in this Women’s Clinic. If any part of this Release shall be determined to be unenforceable, all other parts shall be given full force and effect.

Participant Signature: _____ Date: _____

Participant Name: (printed) _____

Address: _____ Phone: _____

ADDENDUM TO RELEASE

The above Participant is less than 18 years of age; the undersigned parent or guardian hereby consents to the above Participant participating in the Women’s Clinic and signs this Release on behalf of the Participant.

Participant/Guardian Signature: _____ Date: _____

Participant/Guardian Name: (printed) _____

Address: _____ Phone: _____

Not part of Release and for record keeping purposes only.

Event Information: SES - C019220005 / TES - C019220006

Date: January 28-30, 2022

Event/Training: Women’s Clinic

Location: Mont Ripley