Fax with trial participant waiver to: to 435.940.2759

Trial Participant Enrollment Form

THE FOLLOWING INFORMATION MUST BE COMPLETE.

1. **Medical / Accident Insurance information including the name of your carrier and a Group or policy #. If you do not hold primary insurance, you are not eligible to be a Trial Participant.**
2. **The attached Trial Participant Waiver must be signed.**

Please print clearly: **Cost - $25 per person**

USSA Gold Member Club Name Willamette Alpine Race Program (5677174) **Home Phone** (_____)_____

Name _____ **Home Phone** (_____)_____

Address _____ **Work Phone** (_____)_____

City _____ **State** _____ **Zip** _____ **Fax Number** (_____)_____

Dates for which Trial Participant Status is sought: 12/27/2010 **to** 12/31/2010 **(Must be 7 consecutive days or fewer)**

Sex : O **Male** O **Female** **Date of Birth** (M-D-Y) _____--_____--_____ **E-mail** _____

Are you a U.S. citizen? O **Yes** O **No** **Which country?**_____

Have you had a USSA Membership in the Past? O **No** O **Yes** **USSA Membership #** _____

Medical/Accident Insurance Information

Valid primary medical/accident insurance coverage must be provided prior to the beginning of your participation as a Trial Participant. Failure to provide accurate information demonstrating the existence of such insurance coverage and/or failure to have such coverage in place at the time of an accident will nullify your Trial Participant status. Furthermore, failure to carry valid and collectible primary medical coverage at the time of an accident removes a participant from coverage under USSA's secondary accident insurance program, and leaves the participant solely responsible for all medical expenses incurred in connection with any USSA event or activity.

Primary Medical Insurance Company

Name: _____

Policy/Subscriber or Contract #_____ **Phone #** _____

Method of payment: **$25.00 per person**

☐ **Check #** _____

☐ **Visa/Mastercard #** _____**Exp. date** _____

Signature _____

You must sign the Trial Participant Waiver in order to receive Trial Participant status.

U.S. Ski and Snowboard Association
The National Governing Body for Olympic Skiing and Snowboarding

1 Victory Lane, Box 100, Park City, Utah 84060 • tel 435.649.9090 • fax 435.649.3613
usskiteam.com • ussnowboarding.com • ussa.org

Fax to: 435.940.2759

TRIAL PARTICIPANT WAIVER
UNITED STATES SKI AND SNOWBOARD ASSOCIATION
ASSUMPTION OF RISK AND RELEASE OF LIABILITY – READ CAREFULLY BEFORE SIGNING

I understand that skiing and snowboarding in their various forms, as well as preparation for, participation in, coaching, volunteering, officiating and related activities in alpine, nordic, freestyle, disabled, and snowboarding competitions and clinics (hereinafter collectively referred to as "Activities"), involve many **RISKS, DANGERS and HAZARDS**. These risks, dangers and hazards include, but are not limited to, changing weather and snow conditions, variations in steepness or terrain, natural and man-made obstacles and structures, equipment failure, collisions with objects or structures, being struck by skiers/riders or equipment, and exceeding one's own abilities. I further understand that ski and snowboard training and competition may be more hazardous than recreational skiing and snowboarding. I understand that **INJURIES OF ALL TYPES ARE A COMMON AND ORDINARY OCCURRENCE of the Activities**. I know that the risk of **SEVERE INJURY** and even **DEATH** exists in all training and competition locations and activities, including free skiing and riding. I also know that personal training, coaching, instruction, supervision and enforcement of rules by the United States Ski & Snowboard Association, its subsidiaries, affiliates, officers, directors, volunteers, employees, coaches, contractors and representatives, local ski clubs, competition organizers and sponsors, and ski and snowboard facility operators (hereinafter the term "USSA" shall be used to refer to all such persons and entities collectively) do not and cannot guarantee my safety.

With full knowledge and understanding of the **RISK OF SEVERE INJURY AND DEATH** involved in ski and snowboard training and competition, **I FREELY AND VOLUNTARILY ACCEPT AND FULLY ASSUME THE RISK THAT I MAY SUFFER TEMPORARY, PERMANENT OR EVEN FATAL INJURIES**, even if I follow the instructions or advice of USSA.

In consideration of USSA's acceptance of my Trial Participant application, and in spite of the risk of severe or permanent injury, or even death, the undersigned (hereinafter "Member") agrees to comply with and be bound by the following terms at all times, whether training or practicing for competition, or in competition.

1. Member hereby unconditionally **WAIVES AND RELEASES ANY AND ALL CLAIMS, AND AGREES TO HOLD HARMLESS, DEFEND AND INDEMNIFY USSA FROM ANY CLAIMS**, present or future, to Member or his/her property, or to any other person or property, for any loss, damage, expense, or injury (including **DEATH**), suffered by any person from or in connection with Member's participation in any Activities in which USSA is involved in any way, due to any cause whatsoever, ***INCLUDING NEGLIGENCE*** and/or breach of express or implied warranty on the part of USSA**.**
2. Member hereby **RELIEVES USSA OF ANY DUTY TO PROTECT MEMBER FROM HARM** in connection with any Activities in which USSA is involved in any way.
3. Member authorizes USSA to obtain medical care for, or transport him/her to a medical facility or hospital if, in the opinion of USSA, medical attention is required and Member is unable to make such decisions for himself/herself. Member agrees to pay all costs associated with such medical care and related transportation and shall **DEFEND, INDEMNIFY AND HOLD HARMLESS** USSA of and from the consequences of such decision and from any such costs incurred relating to the provision of medical care. Member also authorizes disclosure of protected medical information necessary to provide, coordinate or manage member's healthcare consistent with the dictates of HIPAA and to the extent that such use or disclosure is required by law.
4. Member agrees never to utilize any run, course or facility for any training, practice or competition without first conducting his/her own thorough visual inspection of the run, course or facility.
5. This Agreement shall be construed in accordance with, and governed by the substantive laws of the State of Colorado, without reference to principles governing choice or conflicts of laws. In addition, Member agrees that all lawsuits for personal injury or related loss against USSA must be maintained in state courts sitting in Summit County, Utah or federal district courts sitting in the District of Utah, Central Division, and Member consents and agrees that jurisdiction and venue for such proceedings shall lie exclusively with such courts. In the event any portion of this release is found to be unenforceable, the remaining terms shall be fully enforceable.

HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT, MEMBER SIGNIFIES HIS ASSENT TO THE ABOVE TERMS BY SIGNING BELOW:

MEMBER (IF 18 or over)

Signature: _____ Date of Birth: _____

Printed name: _____ Date Signed: _____

SIGNATURE OF PARENT OR GUARDIAN REQUIRED FOR MEMBERS UNDER THE AGE OF 18

As the parent or guardian of the minor child Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns. By affixing my signature below I represent that I intend to give up my right, the right of the Member, and the right of any other parent or guardian to maintain any claim or suit against USSA arising out of the Member's participation in any Activities involving USSA in any way. I further agree to hold harmless, defend, and indemnify USSA of and from any claims from third parties arising from the minor child Members' participation in any activities affiliated with USSA.

Parent or guardian's signature _____

Printed name _____ Date Signed:__ _____

Applicant's Name (Please Print) _____ Date of Birth:_____