



# OISRA SEASON 2008/9

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## OISRA STUDENT RACER MEMBERSHIP APPLICATION AND AGREEMENT OF RELEASE AND INDEMNITY: TO BE A MEMBER OF THE SKI TEAM REPRESENTING THE HIGH SCHOOL THAT THE STUDENT IS ENROLLED AT.

*This form is to be completed in INK and it is to be legible. Apart from signatures all information MUST BE PRINTED.*

NAME OF RACER: (Print) \_\_\_\_\_ M / F Date of Birth \_\_\_ / \_\_\_ / \_\_\_

ENROLLED AT: \_\_\_\_\_ High School Grade \_\_\_\_\_

HOME ADDRESS : \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Family Phone: \_\_\_\_\_ Family email contact: \_\_\_\_\_

I know that ski racing is an action sport carrying a significant risk of serious personal injury, death, or property damage. I also know that there are natural and environmental conditions and risks which independently or in combination with my activities may cause property damage or severe or even fatal injuries to me or others. I agree that I alone am responsible for my safety while participating in competitive events and/or training for competitive events and specifically acknowledge that the following persons or entities including the Oregon Interscholastic Ski Racing Association (OISRA), the ski area, the sponsors, the organizers, the race officials and any agent representative, officer, director, employee, member of an affiliate of any person or entity named above are not responsible for my safety.

I SPECIFICALLY RELEASE, HOLD HARMLESS, AND INDEMNIFY THOSE PARTIES NAMED ABOVE FROM ANY AND ALL LIABILITY, WHETHER KNOWN OR UNKNOWN. EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF PERSONS OR ENTITIES MENTIONED ABOVE.

I accept that carrying primary accident/medical insurance is a requirement, and agree to do so.

Primary Accident/Medical Insurance Company Name \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insert OISRA if you have no Primary Accident/Medical insurance cover, or cover provided by your school or other organization

I agree that I will accept and abide by the rules, regulations, and restrictions of the OISRA and any other rules, regulations, and restrictions imposed by the organizers of any particular competition.

I agree that if any part of this Agreement is deemed to be unenforceable, that the remaining terms and conditions shall be binding upon the parties. This **AGREEMENT OF RELEASE AND INDEMNITY** will be binding upon my heirs and assigns.

I further recognize that medical treatment on an emergency basis may be necessary at a time when I am not available to give my consent in advance of such emergency care, and hereby give permission to \_\_\_\_\_ or a team coach present to authorize such care as may be deemed necessary under existing circumstances.

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

**Parent of Record:** When the racer is under 18 years of age his/her nominated Parent/Guardian of record needs to complete and sign this section.

When the racer is over 18 his /her Parent/Guardian's name is required, but no signature is required.

I (Print) \_\_\_\_\_ Relationship \_\_\_\_\_ By signing

this **AGREEMENT OF RELEASE AND INDEMNITY** as Parent /Guardian I am consenting to the above named Racer's participation in competitive skiing and training, I understand that any and all of the risks of skiing, whether known or unknown, are assumed by me and all claims, whether known or unknown, are waived in advance. I AGREE TO HOLD HARMLESS AND INDEMNIFY THE PARTIES NAMED ABOVE FROM ANY AND ALL CLAIMS AND DAMAGES, INCLUDING COSTS AND ATTORNEY'S FEES, ARISING OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN ANY OISRA COMPETITIONS OR TRAINING. This indemnity includes claims based upon negligence.

Parent/Guardian of Record. \_\_\_\_\_ Date \_\_\_\_\_

FOR PURPOSES OF COMMUNICATIONS ONLY, A RACERS NAME AND HOME ADDRESS MAY BE RELEASED TO ASSOCIATED ORGANIZATIONS BY THE OISRA EXECUTIVE. IF YOU DO NOT WANT YOUR NAME AND ADDRESS RELEASED PLEASE SIGN.

**I DO NOT want the OISRA to release my name and address. Signed:** \_\_\_\_\_