

**HIGH LIFE SKI CLUB, INC.**  
**PO Box 9**  
**Rockaway, NJ 07866**

**High Life Ski / Snowboard**  
**Race Team Form**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

MEMBERSHIP #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**FOR THE HIGH LIFE SKI CLUB'S INSURANCE POLICY AND EMERGENCY PURPOSES  
THE FOLLOWING INFORMATION MUST BE COMPLETED TRUTHFULLY.**

MEDICAL CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

MEDICATIONS & DOSAGES: \_\_\_\_\_

\_\_\_\_\_

PRIMARY DOCTOR'S NAME: \_\_\_\_\_

DOCTOR'S PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_

Would you like your name listed in the Ski Team Directory: YES \_\_\_\_\_ NO \_\_\_\_\_

What level of skier are you? Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_ Expert \_\_\_\_\_

Do you have any racing experience? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what type: High School \_\_\_ College \_\_\_ NASTAR \_\_\_ ASRA \_\_\_ MASTERS \_\_\_\_\_

Are you a member of any other ski clubs? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what club(s): \_\_\_\_\_ Do you race for them: YES \_\_\_ NO \_\_\_

Are you a member of ASRA (American Ski Racing Association): YES \_\_\_\_\_ NO \_\_\_\_\_

## ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE

I \_\_\_\_\_, know that alpine, Nordic and freestyle skiing are action sports carrying significant risk of serious personal injury, death or property damage. I also know that there are natural, mechanical 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: (a) My safety while participating in competitive events and/or training for competitive events, and (b) providing, utilizing and maintaining that equipment necessary for the safe enjoyment of my participation in such events. I specifically acknowledge that the following person or entities including the High Life Ski Club, Inc., the High Life Ski Lodge, Inc., the New Jersey Ski Council, A.S.R.A., the United States Ski Association, the United States Ski Coaches Association, the participating Ski Area, the Promoters, the Sponsors, the Organizers, the Promoter Clubs, the Officials and any agent, representative, officer, director, employee, member or affiliate of any person or entity named above are not responsible for my safety. I specifically Release and Discharge in advance, those parties from any 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 agree to accept all responsibility for the risks, conditions and hazards, which may occur whether they now are known or unknown.

Being fully aware of the risks, conditions and hazards of the proposed activity as a competitor, coach or official, I HEREBY AGREE TO WAIVE, RELEASE AND DISCHARGE any and all claims for damages for death, personal injury or property damage which I may have or which may hereafter accrue to me as a result of any participation in competitive events or training for competitive events, against any person or entity identified above whether such injury or damage was foreseeable or not, including any such claims regarding the design or condition of any equipment utilized by me in such competitive events without regard to whether such equipment is specified or recommended by such persons or entities identified above.

I further agree to forever HOLD HARMLESS AND INDEMNIFY all persons and entities identified above generally and specifically from any and all liability for death, personal injury or property damage resulting in any way from my participating in competitive events or training for competitive events.

I currently have and I agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities identified above from providing the coverage for me.

I agree that I will accept and abide by the rules and regulations of the U.S.S.A., A.S.R.A., HLSC and any other rules and regulations imposed by the organizers or any particular competition. This Acknowledgement and Assumption of Risk and Release will be binding upon my heirs and assign.

DATE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

HLSC MEMBER # \_\_\_\_\_ SIGNATURE: \_\_\_\_\_