

NATIONAL SKI PATROL SYSTEM CERTIFIED QUALIFICATION/RECERTIFICATION CLINIC RELEASE FORM

I agree I am voluntarily participating in this **CERTIFIED QUALIFICATION/RECERTIFICATION CLINIC**. I understand that the **CERTIFIED QUALIFICATION/RECERTIFICATION CLINIC** may involve extensive field work on first aid scenarios, skiing, and toboggan handling along with other activities which ski patrollers encounter in their duties of patrolling a ski area. I realize there are inherent risks in this type of activity including changing weather conditions, changing snow surface conditions, ice, bare spots, rocks, stumps, trees and the possibility of collisions with manmade and natural objects or other skiers and such activity can be dangerous and can result in serious injury or death. I knowingly assume the risk of participation and understand I can withdraw from this **CERTIFIED QUALIFICATION/RECERTIFICATION CLINIC** at any time. I understand that by participating in this **CERTIFIED QUALIFICATION/RECERTIFICATION CLINIC** I may also encounter additional risks not inherent to a normal participant to the sport of skiing. I agree to personally assume all of 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 **CERTIFIED QUALIFICATION/RECERTIFICATION 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 **CERTIFIED QUALIFICATION/RECERTIFICATION 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 **CERTIFIED QUALIFICATION/RECERTIFICATION CLINIC** and I hereby remise, release, and forever discharge the ski area hosting the event, the National Ski Patrol System, Incorporated and its members, both individually and jointly, and I agree that no one else may file a lawsuit in my name related to my participation in this **CERTIFIED QUALIFICATION/RECERTIFICATION 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 **CERTIFIED QUALIFICATION/RECERTIFICATION CLINIC** and signs this Release on behalf of the Participant.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: (printed) _____

Address: _____ Phone: _____

Not part of Release and for record keeping purposes only.

To be completed by instructor:

IOR name: Ron Gerdes / Dave McKinley

Course Date: January 10 – February 8, 2020

Course Number: C106200001

Event Name: CERTIFIED QUALIFICATION/RECERTIFICATION CLINIC

Location: Perfect North Slopes, Lawrenceburg, IN