

2004-2005 Western Region Medical Release

Name..... Address.....
Birth date..... City, State
E Mail Telephone.....
Father..... Mother.....
Home Phone Home Phone
Work Phone Work Phone
E Mail E Mail.....

Insurance Coverage

Company..... Identification #.....
Policy Number..... Expiration Date

Medical History

Allergies
Medication.....
Other Medical Information

Athlete Medical Release

Parent hereby authorizes USSA/ Western Region, and/or their named coaches, to secure any hospital, medical, dental or surgical care, treatment and/or procedures for the above named athlete. Parent also consents that in the event of injury to the athlete, coaches can sign for competitor to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility.

The coaches shall notify Parent at the earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment and or procedures to encourage the physicians and coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent specifically indemnifies and holds harmless US Skiing, USSA/ Western Region, and its coaches from any and all costs arising out of such care, treatment and/or procedure.

Father's Signature and Date.....

Mother's Signature and Date.....

Hold Harmless and Indemnity Agreement

For the consideration of ski racing instruction and training performed by USSA and/or USSA /Western Region, we, the parents or legal guardians of do hereby covenant and agree to hold harmless USSA, USSA/ Western Region, and any of their employees, or volunteer workers for any injuries sustained by our child or ward herein named above occurring out of natural activities of ski racing instruction, racing, or traveling to and from races or training camps.

.....
Father's or Guardian's Signature

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Mother's or Guardian's Signature

.....
Date

.....
Date

USSA Insurance Policy

FIS and USSA rules require that competitors be covered by valid and sufficient accident insurance. Proof of this insurance must be carried by the racer and be available at each race or camp so that prompt medical care can be obtained, if ever needed.

Agreement

We have read and understood the Insurance Policy statement. The insurance policy listed on the front of this form meets the requirements of the USSA Insurance Policy and will be maintained in force while the competitor is involved in a USSA or USSA/ Western Region camp or team or while participating in any event on a US Skiing or USSA/ Western Region quota. We agree that we are responsible for any and all medical charges and we agree that we will promptly reimburse USSA and USSA/ Western Region for any expenses that they or their coaches incur on behalf of the competitor.

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Athlete's Signature

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Parent's or Guardian's Signature

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Date

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Date