

**2014 – 2015**  
**Assumption of Risk and Release from Liability**  
**Bryce Resort Ski & Snowboard Program**

Participation in any skiing and snowboarding activity, including but not limited to, preparation for participation in skiing and snowboarding competitions involve risks of serious injury and other losses, to the skier/snowboarder and to property. Such injuries and losses might result from the participant's actions and/or the actions or negligence of others.

All participants must be covered by their own insurance policy. It is understood that Bryce Resort does not provide medical insurance covering sickness or injury of any nature during the 2014-2015 Ski/Snowboard Clinic. I give the instructors and/or coaches of the Bryce Resort 2014-2015 Clinic permission to obtain medical aid for my son/daughter in the case of illness or injury. It is understood that every effort will be made to contact me if medical attention becomes necessary.

As parent/guardian of the child/children listed below, I hereby release Bryce Resort 2014-2015 Ski/Snowboard Clinic, its agents, coaches, employees, and members of Friends of Bryce Ski Team" from any and all claims for damages, including personal injury, death, or property damage and causes of actions whatsoever in any way growing out of or resulting from participation in the Bryce Resort 2014-2015 Ski/Snowboard Clinic and competitions at Bryce Resort and other resorts. I also assume all responsibility for any and all damages incurred by the below listed participant(s) while participating in the 2014-2015 Ski/Snowboard activities and competitions.

Program: Ski \_\_\_\_\_ Snowboarding \_\_\_\_\_

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ USSA# \_\_\_\_\_

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ USSA# \_\_\_\_\_

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ USSA# \_\_\_\_\_

(NOTE: Future Star Skiing Participants will not have an USSA Number, only Ski Team participants)

Parent Name – PRINT \_\_\_\_\_ Member # \_\_\_\_\_

Parent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_