

## Minneapolis Alpine Ski Team *Assumption of Risk and Release*

We, Mr. \_\_\_\_\_ and Mrs. \_\_\_\_\_ parents and guardians of \_\_\_\_\_, a minor, understand that competitive ski racing and/or practicing for competitive skiing and all of the activities taking place in order to prepare for skiing are dangerous and physically demanding activities and that serious personal injury is a possibility. We accept the inherent dangers of physical participation in such activities and do hereby agree to allow her/his participation in such activities and do hereby release the Minneapolis Alpine Ski Team, its incorporators, directors, coaches, and any and all present or future employees and all volunteers, who are assisting with the management or operation of MAST or its activities, in any way, and agree to hold said parties free from any and all claims, demands, causes of action, and/or attorneys fees arising out of or in any way related to any personal injury or property damage sustained by/to our child while being transported to or from such activities or while involved in such activities.

In consideration of being allowed to participate in activities organized or sponsored in whole or in part by the Minneapolis Alpine Ski Team ["MAST"], the undersigned student, and his/her parent or guardian on behalf of the student, hereby state and agree as follows:

We are aware of the inherent dangers and risks of skiing and ski racing, including but not limited to those listed below, and we accept those risks. "Inherent dangers of skiing and ski racing" means those dangers or conditions which are an integral part of the sports of skiing and ski racing, including but not limited to changing weather conditions; snow conditions as they exist or may change, such as ice, hard pack, powder, packed powder, wind pack, corn, crust, slush, cut-up snow, and machine-made snow; surface or subsurface conditions such as bare spots, forest growth, rocks, stumps, streambeds, and trees, or other natural objects, and collisions with such natural objects; collisions with race course equipment and related personnel, lift towers, signs, posts, fences or enclosures, hydrants, water pipes, other man-made structures and their components; variations in steepness or terrain, whether natural or as a result of slope design, snowmaking or grooming operations, including but not limited to roads and catwalks or other terrain modifications.

We also waive and release MAST from any claim or cause of action arising out of or related to ski area management, including but not limited to the negligence of a ski area operator caused by the use or operation of ski lifts, or the risk of injury to person or property resulting from other skiers' acts or omissions, or the risk of a skier/skier collision.

We have read and understand this release and voluntarily, willingly, and knowingly have signed this release as evidence of our agreement to all of its terms.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Athlete Signature)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent Signature)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent Signature)

**NOTE: BOTH PARENTS MUST SIGN. IF A SINGLE PARENT OR SINGLE PERMANENT CUSTODIAL PARENT IS RESPONSIBLE, THEN PLEASE EXECUTE BELOW:**

I represent to the parties released that I am the sole parent/custodial parent/legally authorized guardian of \_\_\_\_\_ and agree to all the above release terms and conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Minneapolis Alpine Ski Team

## *Power To Authorize Medical Treatment*

I, the undersigned, as parent and/or legal guardian of \_\_\_\_\_, (“my child”) do recognize that medical treatment may become necessary during my child’s travel and participation with the Minneapolis Alpine Ski Team (“MAST”) and, to avoid delay of any necessary medical treatment and/or that which would alleviate physical discomfort attendant to physical injury, HEREBY EMPOWER the coaches and staff of MAST, or other designated persons to authorize on my behalf recommended medical treatment of my child by any staff member of any hospital, medical doctor, emergency medical technician, and/or other paramedic.

This AUTHORIZATION is complete in and of itself and is fully operative upon my signature for the duration of my child’s participation with MAST.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Doctor’s Name and Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_