



Friday Night Alpine Racing 2018

Registration Form and Waiver

All team members may compete each week with only the top three (2) male skiers and top female skier counting towards the team total.

PLEASE COMPLETE THE INFORMATION FOR EACH TEAM MEMBER

Team Name: _____ Team Captain: _____

1. Name: _____ Age: _____ Gender: _____ Phone #: _____

Address: _____ Email: _____

Equipment: Ski Snowboard Telemark

2. Name: _____ Age: _____ Gender: _____ Phone #: _____

Address: _____ Email: _____

Equipment: Ski Snowboard Telemark

3. Name: _____ Age: _____ Gender: _____ Phone #: _____

Address: _____ Email: _____

Equipment: Ski Snowboard Telemark

4. Name: _____ Age: _____ Gender: _____ Phone #: _____

Address: _____ Email: _____

Equipment: Ski Snowboard Telemark

5. Name: _____ Age: _____ Gender: _____ Phone #: _____

Address: _____ Email: _____

Equipment: Ski Snowboard Telemark

Please consider us for the following team category:

Team Registration Fee: \$125

Family Team Mixed Team (snowboarder, skier, telemark skier) Adult Co-ed Team Kids Team (up to grade 8)

PAYMENT OPTIONS: VISA / MasterCard / Discover

Card#: _____ Expires: ____/____/____ CVV#: _____

3-digit # on back Signature of card holder with Zip Code: _____

Cash \$ _____ Check # _____ Date ____/____/____

Made payable to Camden Snow Bowl

Total Amount Paid \$ _____

Each Team Member Must Sign Release Form on Back to Qualify.

Assumption of Risk - READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Friday Night Alpine Racing, the undersigned acknowledges, appreciates, and hereby agree and covenant as follows:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE TOWN OF CAMDEN, THE CAMDEN SNOW BOWL, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

1.	Participant's Name (print legibly)	Participant's signature	Date
2.	Participant's Name (print legibly)	Participant's signature	Date
3.	Participant's Name (print legibly)	Participant's signature	Date
4.	Participant's Name (print legibly)	Participant's signature	Date
5.	Participant's Name (print legibly)	Participant's signature	Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE *(Under age 18 at time of registration)*

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Participant # above	Parent/Guardian's Name (Print)	Parent/Guardian's signature	Date	Emergency phone #(s)
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