

Thunder Ridge Race Team Waiver and Medical Information

The undersigned acknowledges, accepts, and understands that Alpine Skiing is a hazardous sport with many dangers and risks and that injuries are a common and ordinary occurrence of the sport. As a condition of being permitted to use the ski area premises the undersigned freely accepts and voluntarily assumes the risks of injury or property damage and releases Thunder Ridge, its employees, and agents from any and all liability for personal injury or property damage resulting from negligence, conditions of the premises, operations of the ski area, actions or omission of employees or agents of the ski area or from participation in skiing at the area, accepting full responsibility for any and all such damage or injury of any kind which may result.

Signature (parent or guardian if under 18 years old)

Date

Medical Information

Name _____ Age _____ Date of Birth _____

Street _____ City _____

State _____ Zip _____ Phone _____

Emergency Name _____ Emergency No. _____

Doctor _____ Phone _____

Doctors Address _____

Insurance Carrier _____

Policy No. _____ Exp. Date _____

Allergic to any medication _____ If yes, please list _____

Any physical disorders (asthma, diabetes, etc.) _____