

## **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.) \_\_\_\_\_

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Route 22 & Birch Hill Road, P. O. Box 627, Patterson, New York 12563 845-878-4100