



Ishpeming Ski Club
P.O. Box 127
Ishpeming, MI 49849
www.ishskiclub.com



Competition Registration

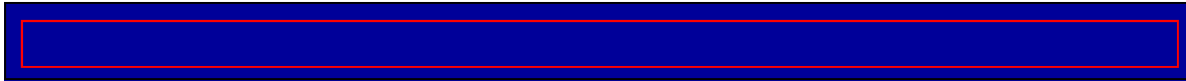
Name _____ Club _____

Address _____ Phone _____

City, State, Zip _____ Cell Phone _____

Emergency Contact Name _____ Contact Phone _____

USSA Membership # _____ Birthday ____/____/____ Male Female



Date: _____ Class: _____

Hill Size: _____ Bib #: _____

Registration Fee: _____

Waiver & Release of Liability

In consideration for the rights and privileges associated with training and competing on ski jumping facilities owned or leased by the Ishpeming Ski Club I acknowledge and agree to be bound by the following:

- 1. Identification of Risks**—I understand that participation in any skiing activity, including but not limited to preparation for, participation in, coaching and related activities of ski jumping and/or Nordic Combined competitions (the Activity), involves risks of serious injury, including permanent disability, death, and other losses, both to me and my property. I understand these injuries and losses might result not only from my actions, but the actions, inactions or negligence of others.
- 2. Assumption of the Risk**—I agree that I am responsible for my safety while participating in the Activity and that I assume all risks connected with responsibility for any injury or loss connected with my participation in the Activity.
- 3. Waiver**—Aware of the risks and willing to assume them, I hereby waive, release, and hold harmless the Ishpeming Ski Club, City of Ishpeming, Cleveland Cliffs Michigan Operations, United States Ski & Snowboard Association, U.S. Ski Team, and each of its officers, directors, employees, agents, coaches, trainers, officials, event organizers and sponsors from all claims by me for any liability, injury, loss or damage in any way connected with my participation in the Activity. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who might pursue any legal action or claim on my behalf.
- 4. Insurance**—I currently have and agree to maintain throughout the time that I participate, valid and sufficient medical and accident insurance. I understand that this is my responsibility and release all persons and entities from providing this coverage for me.

Skier Signature (if over age 18)

Date

Parent/Guardian Signature (if skier under age 18)

Date

Relationship to Skier

For office use only:

Bib # _____ Hill Size _____ Class _____

Registration Pd. _____ Deposit Returned _____ USSA# Verify _____