



**RACE VOLUNTEER WAIVER
OREGON SCHOOL SKI ASSOCIATION 2018**

Team Name _____	
Name _____	M / F _____
Address _____	Date of Birth ___/___/___
City, State, Zip _____	Phone () _____
Coach/Volunteer Email _____	
Emergency Contact (name, phone #) _____	

I understand that ski racing is an action sport carrying a significant risk of serious personal injury, death, or property damage. I also know that there are natural and environmental conditions and risks which independently or in combination with my activities as a coach/volunteer may cause property damage or severe or even fatal injuries to me or others. I agree that I alone am responsible for my safety while coaching/volunteering in competitive events and/or training for competitive events and specifically acknowledge that the following persons or entities including the Oregon School Ski Association (OSSA), the ski area, the sponsors, the organizers, the race officials and any agent representative, officer, director, employee, member of an affiliate of any person or entity named above (hereinafter the "Released Parties") are not responsible for my safety. I SPECIFICALLY RELEASE, HOLD HARMLESS, AND INDEMNIFY THE RELEASED PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, OR ACTIONS FOR ANY INJURY OR DEATH TO ME, FOR INJURY TO MY PROPERTY, OR FOR WHICH I MAY BE LIABLE TO OTHERS, WHICH ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN AN OSSA EVENT. I AGREE AND UNDERSTAND THAT THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT WILL EXTEND TO ALL CLAIMED WRONGFUL ACTS OF THE RELEASED PARTIES TO THE GREATEST EXTENT ALLOWED UNDER THE LAWS OF THE STATE OF OREGON, INCLUDING THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES. I currently have, and agree to maintain throughout the time that I coach/volunteer, valid and sufficient medical and accident insurance. I understand this is my sole responsibility and release all Released Parties from providing coverage for me. I understand that OSSA is not liable for any medical, dental, or hospital bills occurring as a result of injuries incurred and that such bills will be my responsibility or the responsibility of my insurance providers. I agree that I will accept and abide by the rules, regulations, and restrictions of OSSA, the duties of coaches/volunteers under Oregon state law, and any other rules, regulations, and restrictions imposed by the organizers of any particular event. I agree that if any part of this Agreement is deemed to be unenforceable, that the remaining terms and conditions shall be binding upon the parties. This **AGREEMENT OF RELEASE AND INDEMNITY** will be binding upon my heirs and assigns.

Coach/Volunteer Signature _____ **Date** _____