



SKI SCHOOL RELEASE OF LIABILITY

PSIA - NW and Member Schools Group Policy for the 2017/2018 Season

- 1) I am aware that skiing/snowboarding is a hazardous sport that includes certain risks and dangers, including the risk of serious injury to me. I voluntarily accept full responsibility for all risks involved, including risks inherent in skiing/snowboarding and in the ski area/mountain environment.
- 2) I accept my responsibility to ski safely at all times, to abide by the Skier Responsibility Code, and to obey all posted behavior notices and any other ski area rules and policies. Any equipment I use while skiing, I use at my own risk.
- 3) I agree to RELEASE, HOLD HARMLESS AND INDEMNIFY _____ PNSA Ski School and the WA, ID, OR, CA and Far West Cross Country Ski Association, NY, NYSEF and Whiteface Lake Placid Ski Areas and any of (their/its) employees, agents, contractors, subsidiaries, officers or owners from all claims for any injury or damage resulting from any cause, including negligence, which arises out of participation in or travel to and from the WA, ID, OR, CA and Far West Cross Country Ski Association Ski, NY, NYSEF and Whiteface Lake Placid Schools/ Clubs. This Release is also binding as to any other persons, including all family members, heirs, and executors.
- 4) *If you are enrolling a minor child in ski school, please read and understand the following: As part of ski school instruction and skiing/snowboarding, your child will ride the chairlifts. The ski school and/or ski area cannot guarantee that your child will ride the chair lift with any particular person. Your child may ride the lift with a student, instructor, a member of the public or may ride the lift alone. If this is not acceptable please do not enroll your child in ski school. By enrolling your child in ski school you understand and agree to have your child ride the lift with another ski school student, a member of the public, with an instructor or alone.*
- 5) If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in or travel to and from PNSASki School. I also agree to RELEASE, HOLD HARMLESS AND INDEMNIFY the WA, ID, OR, CA, UT, Soldier Hollow, UT, and USSA Intermountain Division Ski Schools/Clubs for any claims brought by or on behalf of the minor.

Student _____

Date

DOB / /

Date

Parent/Legal Guardian if under 18 yrs. of age

Print Parent/Legal Guardian name here:

Please return this form to the PNSA office via email, fax or USPS.

Email = pnsa@pnsa.org

Fax = 866-542-8664

USPS = 2671 Flowery Trail Rd

Usk, WA 99180-9740