



BRIDGER SKI FOUNDATION MEDICAL RELEASE

COMPETITOR INFORMATION

Name _____ Address _____
Birth Date _____ City, State _____
Father _____ Mother _____
Home Phone _____ Work Phone _____
Other Emergency Contact and Phone _____

INSURANCE COVERAGE

Company _____ Identification _____
Policy Number _____ Phone _____

MEDICAL HISTORY

Allergies _____
Medications _____
Other Medical Information _____

COMPETITOR MEDICAL RELEASE

Parent hereby authorizes Bridger Ski Foundation and/or their named coaches, and chaperones to secure any hospital, medical, dental, or surgical care, treatment and/or procedures for the above named competitor. Parent also consents that in the event of injury to the competitor, coaches or chaperones can sign for competitor to receive care, treatment and/or procedures under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility.

The coaches/chaperones shall notify parent at the earliest possible time during or after care, treatment, and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment, and/or procedures to encourage physicians and coaches and/or procedures. Parent specifically indemnifies and holds harmless Bridger Ski Foundation, coaches and chaperones from any and all costs arising out of such care, treatment, and/or procedures.

Parent or Guardian Signature Date

USSA INSURANCE POLICY

FIS and USSA rules require that competitors be covered by valid and sufficient accident insurance. Proof of this insurance must be carried by the racer and be available at each race so that prompt medical care can be obtained if needed.

AGREEMENT

We have read and understand the above Insurance Policy statement. The Insurance Policy listed on the front of this form meets the requirement of the USSA insurance policy and will be maintained in force while the competitor is involved in a Bridger Ski Foundation, USSA/Western Region or USSA/Northern Division for any expense that they or their coaches incur on behalf of the competitor.

Competitor Signature Parent or Guardian Signature

Date Date