

**NEW YORK SKI EDUCATIONAL FOUNDATION
ACKNOWLEDGMENT, CONSENT AND RELEASE**

The Registrant herein enrolls in ski competitions, training camps, and daily training conducted by the New York Ski Educational Foundation (NYSEF). The NYSEF and the Olympic Authority are hereinafter referred to as Owners, and Registrants are subject to the rules and regulations determined by the owners and their agents. The Registrants acknowledge the inherent danger and risk of personal injury involved in the enrollment and involvement in the activities of the Owners and assume any and all risk of personal injury in the enrollment and activities. The Registrants covenant not to sue and release the Owners, and any other sponsors or agents, from any liability arising out of personal injury wherein the personal injury was the result of any activity conducted as a part of the usual activity of the Owner. The Owner assumes no responsibility for any activities undertaken by the Registrants without proper supervision and guidance. The Registrant agrees that in the event a claim is made against the Owner for personal injury that the notice of said claim shall be made to the Owner within 90 days of said personal injury. This claim shall be made by registered mail. Failure on the part of Registrant to deliver said notice shall constitute a waiver of the Registrant's right to commence a law-suit under the laws of the State of New York or any other jurisdiction. The Registrant acknowledges that the provisions of this Acknowledgment, Consent and Release shall be binding upon the Registrant, their heirs, executors, administrators and assigns and shall be governed by the laws of the State of New York. The Registrant agrees that any suit or legal action shall be brought only in the State of New York and the terms of this document shall be admissible in evidence as a binding legal agreement between the Registrant and the Owner. The Registrant acknowledges that if a court determines that a part of this document is inadmissible that the remaining paragraphs shall remain in full force and effect.

Registrant Name: _____ Date of Birth: _____

Street Address: _____

Email Address: _____ Phone Number: _____

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|------------------------|------|-----------------------------|------|
| Registrant's Signature | Date | Parent/Guardian's Signature | Date |
|------------------------|------|-----------------------------|------|

Emergency Contact: _____ Emergency Phone: _____

PHYSICAL INFORMATION:

Please list any allergies participant has: _____

Please list any medications participant is currently taking _____

I verify that my child has had a physical in the last year. Please initial _____.

RELEASE AUTHORIZATION FOR MEDICAL ATTENTION:

I hereby grant permission for a doctor to administer any treatment or anesthetic and perform any diagnostic procedure, operation, or curative remedial procedure they deem necessary or advisable for the care or treatment of _____ (registrant's name).

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|-----------------------------|------|
| Parent/Guardian's Signature | Date |
|-----------------------------|------|