



New York State Ski Racing Association Waiver and Release of Liability

In consideration for the rights and privileges associated with membership in NYSSRA, 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 in Alpine competitions and clinics (“the Activity”), involve risks of serious injury, including permanent disability, death and other losses, both to inactions, of negligence of others.
2. Assumption of the Risk. I agree that I am responsible for my safety while participation in the Activity and that such responsibility includes participation in the Activity only; a) when I am both physically and psychologically prepared to participate safely, b) after fully familiarizing myself with the venue before beginning the Activity, and c) while using the equipment of a type and condition reasonably necessary to safely participate in the Activity. I assume all risk 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 agree to hold harmless NYSSRA and their employees, agents, coaches, trainers, doctors, officials, event organizers or sponsors (“Released Parties”) from any and all claims by me for any liability, injury, loss, or damage in any way connected with my participation in the Activity, except where cause by the gross negligence or willful or wanton misconduct of any of the Released Parties. 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. Applicable Law. This waiver and release is formed under and to be interpreted under the laws of the state of New York.
5. Insurance. I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.

I HAVE READ THIS WAIVER AND RELEASE CAREFULLY AND HAVING DONE SO, I AM SIGNING IT VOLUNTARILY.

Signed: _____ **Date:** _____

Name: _____

Children’s Names:
