

# EPA REGION SKI PATROL YOUNG ADULT PATROLLER REGISTRATION FORM

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Please type or legibly print all information.

Last \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_  
 Address \_\_\_\_\_  Male  Female  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
 Patrol \_\_\_\_\_ NSP # \_\_\_\_\_ I have a dietary concern, please list \_\_\_\_\_

Current Status: Alpine Patroller , Patroller , Candidate , Other , Skier , Boarder . Shirt Size \_\_\_\_\_

I understand my commitment and responsibilities to the National Ski Patrol while I am attending this seminar.

Please "x" this box.  I am planning on attending the Divisional Seminar at Jiminy Peak, MA.

\_\_\_\_\_  
 Advisor/Chaperone attending with Participant (print)

\_\_\_\_\_  
 Advisor/Chaperone attending with Participant (signature)

Attending adult advisor/chaperone must be at least 21 years of age and be endorsed by the participant's parent or guardian.

\_\_\_\_\_  
 Parent/Guardian (print)

\_\_\_\_\_  
 Parent/Guardian (signature)

In order to help with staffing please check your status (check all appropriate)

Student Advisor  Adult Chaperone  Snowboard  S&T T/E  OEC T/E  OEC Instructor  Toboggan Instructor

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## REQUIRED MEDICAL AUTHORIZATION FOR MINORS UNDER 18

This authorizes the ski patrol, EMS personnel, a licensed physician, surgeon, or other recognized hospital staff member to carry out emergency medical care deemed necessary for my child/ward in an emergency, when normal permission is unavailable.

Name of Minor \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Parent phone# \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Plan # \_\_\_\_\_

Special Emergency Information/Instructions \_\_\_\_\_

**RELEASE AND INDEMNITY AGREEMENT — REQUIRED FOR PARTICIPANTS** The undersigned, as a participant, ("Participant") or as a parent or guardian of a minor who is participating in the WAR Region Young Adult Training Seminar, in consideration for being allowed to participate in such event, hereby releases the National Ski Patrol System, Inc. and the WAR Region (collectively "Ski Patrol"), Blue Knob All Seasons Resort ("Ski Area") and any and all officers, members, volunteers, agents and employees thereof from any and all claims or liabilities of any kind whatsoever arising out of my or such minor Participant's participation in the 2020 Western Appalachian Region Young Adult Training Seminar. I/we further release and waive any rights, causes of action, or claims against Ski Patrol or Ski Area, and any officers, members, volunteers, agents, and employees thereof which I/we may have arising out of any personal injury, property loss or damage, or any other liability incurred during all activities of the WAR Young Adult Training Seminar ("Activities"). These Activities may include skiing, training in the use of toboggans, patroller skills, first aid training, and the like. These activities are dangerous with inherent and other risks. Should the Participant have concerns with the Participant's involvement in any Activity, Participant should immediately inform a Seminar instructor. As further consideration for being permitted to participate in the 2020 WAR Young Adult Seminar, I, or we on behalf of said minor, hereby agree to indemnify and hold harmless the Ski Patrol, Ski Area and any and all officers, members, volunteers, agents, and employees thereof from all damages, judgments, expenses (including attorney's fees) and costs whatsoever arising out of any claim or demand by the said minor or by persons acting for or on behalf of said minor in respect of the aforesaid injuries or damages. I also grant permission to the Ski Patrol to take my photographic image and to use the same for any lawful purposes, including publicity, illustration, advertising and web content.

\_\_\_\_\_  
 Participant (print)

\_\_\_\_\_  
 Participant (signature)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian (print)

\_\_\_\_\_  
 Parent/Guardian (signature)  
 (Required if participant is under the age of 18)

\_\_\_\_\_  
 Date