



Masters Temporary Registration

This form MUST be submitted at the event. DO NOT send to USSA Member Services in advance. Must be 18 years of age prior to Dec 31, 2007. Thank you.

◆ The following information must be complete. ◆

You will not be permitted to compete if you have not completed the following information:

- ▶ 1. Medical / Accident Insurance information including the name of your carrier and a group or policy number. If you do not hold primary insurance, a Medical Exception Agreement must be completed.
- ▶ 2. The Waiver and Release of Liability, on the back of this form, must be signed.

Please print clearly:

Cost - \$25 per person

Name _____		Home Phone(_____) _____	
Address _____		Work Phone(_____) _____	
City _____	State _____	Zip _____	Fax(_____) _____
Sex : <input type="radio"/> Male	<input type="radio"/> Female	Date of Birth (M-D-Y) ____ -- ____ -- ____	E-mail _____
Are you a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No - Which Country ? _____			
Have you had a USSA Membership in the past? <input type="radio"/> No <input type="radio"/> Yes USSA Membership _____			

Medical/Accident Insurance Information

Valid primary medical/accident insurance coverage **must** be maintained at all times for Member. Failure to provide accurate information demonstrating the existence of such insurance coverage for Member will prevent processing of this application and cause termination of membership and suspension of all rights to participate in U.S. Ski & Snowboard Association activities, unless Member timely returns a fully executed Medical Exception Agreement (which can be obtained by contacting Member Services at 435.647.2666 or via fax at 435.647.2052). The Medical Exception Agreement removes a Member from coverage under USSA's secondary accident insurance program, and leaves the Member solely responsible for all medical expenses incurred in connection with any USSA event or activity.

Primary Medical Insurance Company Name: _____

Policy # _____ Group # _____ Phone # _____

Temporary Registration for the Race Dates of: ____ / ____ / ____ → ____ / ____ / ____
Race Name and Location: _____
Please note: <i>USSA Temporary Registration is not refundable.</i> Athletes who compete under a USSA Temporary Registration will not be eligible for selection to Regional and/or National Championships. There is a limit of two temporary memberships per season, per person. The Temporary Registration fee of \$25 is limited to consecutive race days at one event. Maximum of two temporary registrations will be allowed in one competition season.

Method of payment: <input type="radio"/> Cash <input type="radio"/> Check # _____ Amount _____
Visa/Mastercard # _____ Exp. date _____
Signature _____

⊕ Please do not forget to sign the waiver on the back of this form. ⊕

**UNITED STATES SKI AND SNOWBOARD ASSOCIATION
ASSUMPTION OF RISK AND RELEASE OF LIABILITY – READ CAREFULLY BEFORE SIGNING**

I understand that skiing and snowboarding in their various forms, as well as preparation for participation in, coaching, volunteering, officiating and related activities in alpine, nordic, freestyle, disabled, and snowboarding competitions and clinics (hereinafter collectively referred to as "Activities"), involve many **RISKS, DANGERS and HAZARDS**. These risks, dangers and hazards include, but are not limited to, changing weather and snow conditions, variations in steepness or terrain, natural and man-made obstacles and structures, equipment failure, collisions with objects or structures, being struck by skiers/riders or equipment, and exceeding one's own abilities. I further understand that ski and snowboard training and competition may be more hazardous than recreational skiing and snowboarding. I understand that **INJURIES OF ALL TYPES ARE A COMMON AND ORDINARY OCCURRENCE of the Activities**. I know that the risk of **SEVERE INJURY** and even **DEATH** exists in all training and competition locations and activities, including free skiing and riding. I also know that personal training, coaching, instruction, supervision and enforcement of rules by the United States Ski & Snowboard Association, its subsidiaries, affiliates, officers, directors, volunteers, employees, coaches, contractors and representatives, local ski clubs, competition organizers and sponsors, and ski and snowboard facility operators (hereinafter the term "USSA" shall be used to refer to all such persons and entities collectively) do not and cannot guarantee my safety.

With full knowledge and understanding of the **RISK OF SEVERE INJURY AND DEATH** involved in ski and snowboard training and competition, I **FREELY AND VOLUNTARILY ACCEPT AND FULLY ASSUME THE RISK THAT I MAY SUFFER TEMPORARY, PERMANENT OR EVEN FATAL INJURIES**, even if I follow the instructions or advice of USSA.

In consideration of USSA's acceptance of my membership application, and in spite of the risk of severe or permanent injury, or even death, the undersigned (hereinafter "Member") agrees to comply with and be bound by the following terms at all times, whether training or practicing for competition, or in competition.

1. Member hereby unconditionally **WAIVES AND RELEASES ANY AND ALL CLAIMS, AND AGREES TO HOLD HARMLESS, DEFEND AND INDEMNIFY USSA FROM ANY CLAIMS**, present or future, to Member or his/her property, or to any other person or property, for any loss, damage, expense, or injury (including **DEATH**), suffered by any person from or in connection with Member's participation in any Activities in which USSA is involved in any way, due to any cause whatsoever, **INCLUDING NEGLIGENCE** and/or breach of express or implied warranty on the part of USSA.
2. Member hereby **RELIEVES USSA OF ANY DUTY TO PROTECT MEMBER FROM HARM** in connection with any Activities in which USSA is involved in any way.
3. Member authorizes USSA to obtain medical care for, or transport him/her to a medical facility or hospital if, in the opinion of USSA, medical attention is required and Member is unable to make such decisions for himself/herself. Member agrees to pay all costs associated with such medical care and related transportation and shall **DEFEND, INDEMNIFY AND HOLD HARMLESS** USSA of and from the consequences of such decision and from any such costs incurred relating to the provision of medical care. Member also authorizes disclosure of protected medical information necessary to provide, coordinate or manage member's healthcare consistent with the dictates of HIPAA and to the extent that such use or disclosure is required by law.
4. Member agrees never to utilize any run, course or facility for any training, practice or competition without first conducting his/her own thorough visual inspection of the run, course or facility.
5. This Agreement shall be construed in accordance with, and governed by the substantive laws of the State of Colorado, without reference to principles governing choice or conflicts of laws. In addition, Member agrees that all lawsuits for personal injury or related loss against USSA must be maintained in state courts sitting in Summit County, Utah or federal district courts sitting in the District of Utah, Central Division, and Member consents and agrees that jurisdiction and venue for such proceedings shall lie exclusively with such courts. In the event any portion of this release is found to be unenforceable, the remaining terms shall be fully enforceable.

HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT, MEMBER SIGNIFIES HIS ASSENT TO THE ABOVE TERMS BY SIGNING BELOW:

MEMBER (IF OVER AGE 18)	
Signature: _____	Date of Birth: _____
Printed name: _____	Date Signed: _____

SIGNATURE OF PARENT OR GUARDIAN REQUIRED FOR MEMBERS UNDER THE AGE OF 18

As the parent or guardian of the minor child Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns. By affixing my signature below I represent that I intend to give up my right, the right of the Member, and the right of any other parent or guardian to maintain any claim or suit against USSA arising out of the Member's participation in any Activities involving USSA in any way. I further agree to hold harmless, defend, and indemnify USSA of and from any claims from third parties arising from the minor child Members' participation in any activities affiliated with USSA.

Parent or guardian's signature _____

Printed name _____ Date _____

Applicant's Name (Please Print) _____