

# Medical Consent Form

## MOUNT HOOD MEDICAL CENTER EMERGENCY CONSENT FORM

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed EMERGENCY CONSENT FORM with the temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital so that medical treatment can be rendered.

Parents' Name: \_\_\_\_\_

I/we hereby authorize NATIONAL ALPINE SKI CAMP INC. to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence from (date) \_\_\_\_\_ until (date) \_\_\_\_\_

CHILDS NAME: \_\_\_\_\_

CHRONIC ILLNESSES: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

TETANUS IMMUNIZATION: (date) \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home address of parent/guardian \_\_\_\_\_

Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Health insurance co. \_\_\_\_\_ mem.# \_\_\_\_\_

S.S. # \_\_\_\_\_ group# \_\_\_\_\_

Nearest relative \_\_\_\_\_ phone \_\_\_\_\_

Special Issues NASC staff should know about: \_\_\_\_\_

Signed, parent/guardian \_\_\_\_\_ date \_\_\_\_\_

**Questionnaire**

RETURN TO CAMP OFFICE AS SOON AS POSSIBLE

NAME: \_\_\_\_\_

Skiing Background: check one  
 \_\_\_USSA Racer / points\_\_\_\_  
 \_\_\_Nastar/recreational  
     NASTAR Handicap\_\_\_\_\_  
 \_\_\_Recreational Skier  
 \_\_\_High School Racer  
     Years of Skiing\_\_\_\_\_  
     Days per Year\_\_\_\_\_

Please describe your skiing ability: \_\_\_\_\_  
 \_\_\_\_\_

Please list your favorite recreational activities.  
 \_\_\_\_\_

How will you be arriving? BY CAR \_\_\_\_\_  
                                     BY AIR \_\_\_\_\_  
                                     OTHER \_\_\_\_\_

Session \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

AIRLINE \_\_\_\_\_ Flt# \_\_\_\_\_ AIRLINE \_\_\_\_\_ FLT# \_\_\_\_\_

ARRIVAL TIME \_\_\_\_\_ DEPARTURE TIME \_\_\_\_\_

Checked in as Unacomponied Minor? \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone# W \_\_\_\_\_ mobile: \_\_\_\_\_  
                                     H \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Mobile Phone: \_\_\_\_\_



NATIONAL ALPINE RACE CAMPS, LLC, A COLORADO LIMITED LIABILITY COMPANY  
AGREEMENT OF RELEASE AND INDEMNITY FOR SUMMER SKI SEASON DATED \_\_\_\_\_ [YEAR]

NAME OF PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I acknowledge that snowskating, snowblading, skiing, snowboarding, racing, chairlifts, sports event production, sports events, snowmobiles, snowcats, and related sports activities including training for such activities (collectively referred to as "Sports Activities") are HAZARDOUS activities and that I have made a voluntary choice to participate in such Sports Activities (or to allow my child to do so) despite the risks that they present. I ASSUME THE INHERENT RISKS OF THE SPORTS ACTIVITIES ON BEHALF OF MYSELF AND ANY CHILD ENTRUSTED TO MY CARE. I understand that no refunds of any fees will be given after the program, event, or session begins.

I acknowledge that as a Participant in Sports Activities I have certain duties under Oregon law (ORS 30.985) which include, but are not limited to, the following:

I am the sole judge of the limits of my skills and ability to meet and overcome the inherent risks of Sports Activities and I will maintain reasonable control of speed and course.

I will abide by the directions and instructions of the ski area operator.

I will familiarize myself with the posted information on location and degree of difficulty of trails and slopes to the extent reasonably possible before using any slope or trail.

I will not cross the uphill track of any surface lift except at points clearly designated by the ski area operator.

I will not overtake any other participant except in such a manner as to avoid contact and shall grant the right-of-way to the overtaken Participant.

I will yield to other participants when entering a trail or starting downhill.

I will wear retention straps or other devices to prevent runaway equipment.

I will not board rope tows, wire rope tows, j-bars, t-bars, ski lifts or other similar devices unless or until I have sufficient ability to use the devices, and I will follow any written or verbal instructions that are given regarding the devices.

If involved in an accident, I will not depart from the ski area without leaving my name and address if reasonably possible.

If I am injured (or if my child is injured) I will give notice of the injury to the ski area operator before leaving the ski area.

I will not embark or disembark from a ski lift except at designated areas or by the authority of the ski area operator.

I agree that a violation of any of the duties set forth above entitles the ski area to withdraw my privilege of snowskating, snowblading, skiing, snowboarding, boarding or riding chairlifts or snowcats, and my right to use the equipment and facilities at the ski area. I also agree that if I violate any of these duties, this is evidence of my fault for any injuries or damages that may result.

**IN CONSIDERATION OF PARTICIPATING IN SNOWSKATING, SNOWBLADING, SKIING, SNOWBOARDING, RACE TRAINING, EVENT PRODUCTION, RACING, SPORTS EVENTS, CHAIRLIFT USE (INCLUDING LOADING AND UNLOADING), AND/OR SNOWMOBILE OR SNOWCAT TRANSPORTATION, I AGREE TO RELEASE FROM LIABILITY AND TO INDEMNIFY AND HOLD HARMLESS THE ORGANIZERS AND SPONSORS OF THE SPORTS**

**ACTIVITIES, AND NATIONAL ALPINE RACE CAMPS, LLC, A COLORADO LIMITED LIABILITY COMPANY, AND THEIR OFFICERS AND DIRECTORS, OWNERS, EMPLOYEES, VOLUNTEERS, AGENTS, LANDOWNERS, AFFILIATED COMPANIES AND EMPLOYEES FROM ANY AND ALL CLAIMS AND LIABILITIES (INCLUDING COSTS AND ATTORNEY FEES), ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PREPARATION OR PRACTICE FOR, OR MY PARTICIPATION IN, SPORTS ACTIVITIES, OR ANY OTHER USE OF THE FACILITIES OR EQUIPMENT OF TIMBERLINE SKI AREA. THIS RELEASE AND INDEMNITY AGREEMENT IS INTENDED TO RELEASE CLAIMS AND LIABILITIES CAUSED BY THE NEGLIGENCE OF TIMBERLINE SKI AREA AND/OR THE ORGANIZERS AND SPONSORS OF ANY SPORTS ACTIVITIES OR EVENTS.**

In the event of any claims or litigation arising out of or in connection with participation in any activity at Timberline Ski Area, the venue for legal proceeding shall be Clackamas County, Oregon. If any term is declared to be invalid hereunder, the remaining terms of this Agreement shall continue to be enforceable. This Agreement is governed by Oregon law.

I, the undersigned, have carefully read and understood this Agreement and all of its terms. I understand that this is a RELEASE AND INDEMNITY AGREEMENT which may prevent me or my estate from recovering damages in the event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

PARENT OR GUARDIAN OF PARTICIPANT (must be signed by parent or legal guardian if Participant is under eighteen (18) years of age). AS PARENT OR GUARDIAN OF THE NAMED PARTICIPANT, I HEREBY AGREE TO THE INDEMNITY PROVISIONS REFERRED TO ABOVE AND I WILL BE RESPONSIBLE FOR THE PAYMENT OF ANY MEDICAL EXPENSES INCURRED BY THIS MINOR.

PARENT OR GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

(please print)

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

TIMBERLINE LODGE & SKI AREA  
AGREEMENT OF RELEASE AND INDEMNITY

GROUP/EVENT/CAMP/SHOP NAME: \_\_\_\_\_

NAME OF PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Please read carefully! This is a release of liability and waiver of certain rights.**

I understand that skiing, snowboarding, snowskating, bicycling, racing, the use of chairlifts, the use of terrain parks and jumps, the mountain environment, commercial filming, sports event production, sports events, snowmobiles, snowcats, vehicle shuttle transportation, and any other sports or related activities, including training for such activities (collectively referred to as "Sports Activities") are hazardous and that injuries are common. I have made a voluntary choice to participate in such Sports Activities (or to allow my child to do so) despite the risks that they present. I hereby voluntarily agree to assume all risks associated with Sports Activities.

**In consideration for lift access, participation in Sports Activities, and the use of any other area facilities, premises, or equipment, I hereby agree to release, hold harmless, and indemnify R.L.K. and Company, dba Timberline Ski Area and its members, directors, officers, employees, affiliates, contractors, volunteers, organizers, sponsors, and agents (collectively referred to as "Timberline") from any and all claims by me or on my behalf against Timberline arising directly or indirectly out of my participation in Sports Activities and/or the use of any area facilities, premises, or equipment. This release includes claims and liabilities arising from any cause whatsoever, including, but not limited to, negligence on the part of Timberline. I also agree to indemnify (including costs and attorney fees) Timberline for any claim brought on behalf of any minor Participant.**

I agree to abide by the Skier Responsibility Code, ORS 30.990, and any rules, regulations, directions, signage, warnings, and/or orders of Timberline. If I do not, I understand that Timberline may, among other things, revoke my Sports Activities privileges.

In the event of any claims or litigation arising out of or in connection with participation in any activity at Timberline Ski Area, the venue for legal proceeding shall be Clackamas County, Oregon. If any term is declared to be invalid hereunder, the remaining terms of this Agreement shall continue to be enforceable. This Agreement is governed by Oregon law.

I hereby irrevocably grant and convey to Timberline all right, title and interest in and to record my name, image, voice, statements and/or writings including any and all photographic images and video or audio recordings at Timberline Lodge and Ski Area. I further irrevocably grant to Timberline unrestricted rights to use the above mentioned sound, still, or moving images in any medium, including posting on the internet and world wide web, for educational, promotional, advertising, or other purposes without limitation consistent with the mission of Timberline. I agree that all intellectual property rights to the sound, still, or moving images belong to Timberline. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds or other benefits derived from such photographs or recordings.

I have carefully read and understand this Agreement and all of its terms. I understand that this is a release. I enter into this Agreement voluntarily and understand that it is binding upon me and my heirs and representatives.

PARTICIPANT'S NAME: \_\_\_\_\_  
(Please print)

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN OF PARTICIPANT (must be signed by parent or legal guardian if Participant is under eighteen (18) years of age.) AS PARENT OR GUARDIAN OF THE NAMED PARTICIPANT, I HEREBY AGREE TO THE INDEMNITY PROVISIONS REFERRED TO ABOVE AND I WILL BE RESPONSIBLE FOR THE PAYMENT OF ANY MEDICAL EXPENSES INCURRED BY THIS MINOR.

PARENT OR GUARDIAN  
NAME: \_\_\_\_\_  
(Please Print)

EMERGENCY CONTACT PHONE  
#: \_\_\_\_\_