

CSAT Summer Race Camps 2017 Contact Information

Athletes Name	Camp	Gender	Date of Birth	Cell #	Email

Family Name:	
Mailing Address:	Secondary Address:
Mother's Name:	Father's Name:
Mother's Cell #:	Father's Cell #:
Home #:	Other:
Mother's Email:	Father's Email:

Program	Dates	Price	deposit	Payment information
GS camp	June 26-29	\$650	\$300	Registration form, releases, and payments made out to CSAT mailed to P.O. Box 1246 Hood River, OR 97031

Payment options:

- Personal Check (\$25 fee will be assessed for each returned check)
Checks can be made out to Cooper Spur Race Team, or CSAT

In Consideration of my athlete's participation in the CSAT Summer camps, I acknowledge, understand and agree as follows: If total due to Cooper Spur Race Team is not paid prior to camp, then my athlete will not be allowed to participate.

Parent Signature

Date

CSAT Camp Refund Policy

Non refundable deposit due June 1st GS Camp. Camp fees refundable only in cases of injury or illness with physician notification.

**COOPER SPUR RACE TEAM, INC.
RELEASE AND INDEMNITY AGREEMENT**

MINOR RELEASE

IN CONSIDERATION OF PARTICIPATION IN COOPER SPUR RACE TEAM, INC.'S PROGRAMS AND EVENTS BY THE MINOR(S) NAMED BELOW, I AGREE TO RELEASE AND INDEMNIFY COOPER SPUR RACE TEAM, INC., ITS OFFICERS AND DIRECTORS, OWNERS, AGENTS, AFFILIATED COMPANIES, AFFILIATED ORGANIZATIONS, VOLUNTEERS AND EMPLOYEES (HEREINAFTER "CSAT") FROM ANY AND ALL CLAIMS FOR PROPERTY DAMAGE, INJURY OR DEATH, WHICH THE MINOR(S) NAMED BELOW MAY SUFFER OR FOR WHICH HE OR SHE MAY BE LIABLE TO OTHERS, IN ANYWAY CONNECTED WITH SKIING, SNOWBOARDING, SNOWRIDING, LIFT RIDING OR PARTICIPATION IN CSAT PROGRAMS AND EVENTS. THIS RELEASE AND INDEMNITY AGREEMENT SHALL APPLY TO ANY CLAIM FOR PROPERTY DAMAGE, INJURY OR DEATH, EVEN IF CAUSED BY NEGLIGENCE. THE ONLY CLAIMS NOT RELEASED ARE THOSE BASED UPON WILLFUL OR INTENTIONAL MISCONDUCT.

WE UNDERSTAND IT IS OUR SOLE RESPONSIBILITY TO ARRANGE TRANSPORTATION FOR THE PARTICIPANT TO AND FROM THE ACTIVITIES OF CSAT. WE DO HEREBY AGREE AND UNDERSTAND IT IS OUR VOLUNTARY CHOICE TO USE ANY TRANSPORTATION OPTIONS OFFERED, SUGGESTED OR RECOMMENDED BY CSAT, INCLUDING AUTOMOBILES OWNED OR OPERATED BY CSAT OR INDIVIDUALS AUTHORIZED BY CSAT, PARENT CARPOOLS, PUBLIC TRANSPORTATION, OR ANY OTHER MEANS OF TRANSPORTATION, AND THAT THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT, WITH ALL OF ITS PROVISIONS, EQUALLY APPLY TO TRANSPORTATION. WE ACKNOWLEDGE THAT CSAT DOES NOT REPRESENT OR WARRANT THE CONDITION, SAFETY, OR SUITABILITY OF ANY TRANSPORT OPTIONS OFFERED, SUGGESTED OR RECOMMENDED BY CSAT.

I ALSO AGREE THAT ALL DISPUTES BETWEEN THE BELOW NAMED MINOR(S) AND CSAT ARISING FROM HIS/HER PARTICIPATION IN CSAT PROGRAMS AND EVENTS WILL BE GOVERNED BY THE LAWS OF THE STATE OF OREGON AND THE EXCLUSIVE JURISDICTION THERE OF SHALL BE IN THE STATE COURTS OF THE STATE OF OREGON, AND THE VENUE FOR THESE DISPUTES SHALL BE IN HOOD RIVER COUNTY, OREGON.

IF ANY PART OF THIS CONTRACT IS DETERMINED TO BE UNENFORCEABLE FOR ANY REASON OR IN ANY CIRCUMSTANCE, IT IS INTENDED THAT ALL OTHER TERMS WILL BE ENFORCED IN ALL OTHER CIRCUMSTANCES.

BY MY SIGNATURE BELOW, I AGREE THAT THIS MINOR RELEASE AND INDEMNITY AGREEMENT WILL REMAIN IN FULL FORCE AND EFFECT AND I WILL BE BOUND BY ITS TERMS THROUGHOUT THE 2016-2017 SEASON.

I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT AND ALL OF ITS TERMS.

PARENT OR GUARDIAN (must be signed by parent or guardian if the user is under eighteen (18) years of age).

MINOR NAME: (Please print) LAST _____ FIRST _____

MINOR NAME: (Please print) LAST _____ FIRST _____

PARENT OR GUARDIAN NAME: (Please print)
LAST _____ FIRST _____

RELATIONSHIP: (Please print)

PARENT OR GUARDIAN Signature: _____
DATE _____

PARENT/GUARDIAN: I VERIFY THAT I AM THE PARENT/GUARDIAN AND/OR HAVE THE

AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE ABOVE NAMED MINOR(S). I AGREE TO BE BOUND BY ITS TERMS. I ACCEPT FULL RESPONSIBILITY FOR ALL MEDICAL EXPENSES INCURRED AS A RESULT OF THE MINOR(S)' PARTICIPATION IN THE COOPER SPUR RACE TEAM, INC. PROGRAMS AND EVENTS. I AGREE TO INDEMNIFY AND HOLD HARMLESS COOPER SPUR RACE TEAM, INC. FROM ANY CLAIMS BROUGHT BY OR ON BEHALF OF THE MINOR(S).

PARENT OR GUARDIAN Signature: _____ DATE _____

ATTENTION SKIERS / SNOWBOARDERS / SNOWRIDERS YOUR DUTIES

The following **Duties of Skiers** and **Assumption of Risk** provisions apply to all skiers, snowboarders, and all other snowriders.

- (a) Skiers who ski in any area not designated for skiing within the permit area, assume the inherent risks thereof.**
- (b) Skiers shall be the sole judges of the limits of their skills and the ability to meet and overcome the inherent risks of skiing and shall maintain reasonable control of speed and course.**
- (c) Skiers shall abide by the directions and instructions of the ski area operator.**
- (d) Skiers shall familiarize themselves with posted information on locations and degree of difficulty of trails and slopes to the extent reasonably possible before skiing on any slope or trail.**
- (e) Skiers shall not cross the uphill track of any surface lift except at the points clearly designated by the ski area operator.**
- (f) Skiers shall not overtake any other skier except in such a manner as to avoid contact and shall grant the right of way to the other skier.**
- (g) Skiers shall yield to other skiers when entering a trail or starting downhill.**
- (h) Skiers must wear retention straps or other devices to prevent runaway skis and snowboards.**
- (i) Skiers shall not board rope tows, wire rope tows, J-bars, T-bars, ski lifts or other similar devices unless they have sufficient ability to use the device and skiers shall follow any written or verbal instructions that are given regarding the device. Skiers shall request instructions if unfamiliar with any ski lift device before boarding it.**
- (j) Skiers, when injured in a skiing accident, shall not depart from the ski area without leaving their names and addresses if reasonably possible.**
- (k) A skier who is injured should, if reasonably possible, give notice of the injury to the ski area operator before leaving the ski area.**
- (L) Skiers shall not embark or disembark from a ski lift except at designated areas or by the authority of the ski area operator.**
- (2) Violation of any of the duties of skiers set forth herein entitles the ski area operator to withdraw the violator's privilege of skiing.**

SKIERS / SNOWBOARDERS / SNOWRIDERS ASSUME CERTAIN RISKS

O.R.S. 30.975 PROVIDES THAT AN INDIVIDUAL WHO ENGAGES IN THE SPORT OF SKIING, ALPINE OR NORDIC, ACCEPTS AND ASSUMES THE INHERENT RISKS OF SKIING INsofar AS THEY ARE REASONABLY OBVIOUS, EXPECTED OR NECESSARY. INHERENT RISKS OF SKIING INCLUDE, BUT IS NOT LIMITED TO, THOSE DANGERS OR CONDITIONS WHICH ARE AN INTEGRAL PART OF THE SPORT, SUCH AS CHANGING WEATHER CONDITIONS, VARIATIONS OR STEEPNESS IN TERRAIN, SNOW OR ICE CONDITIONS, SURFACE OR SUBSURFACE CONDITIONS, BARE SPOTS, CREEKS AND GULLIES, FOREST GROWTH, ROCKS, STUMPS, LIFT TOWERS AND OTHER STRUCTURES AND THEIR COMPONENTS, COLLISIONS WITH OTHER SKIERS AND A SKIER'S FAILURE TO SKI WITHIN THE SKIER'S OWN ABILITY.

Cooper Spur Race Team Medical Information Form and Permission to Treat

Athlete's name: _____

Medical Information:

Family Doctor: _____

Phone # _____

Address: _____

Describe any medical condition (s) or special medications, and allergies:

Insurance Information

Medical Insurance Company: _____

phone: _____

Address: _____

Policy #: _____

Group #: _____

Policy Holder: _____

Emergency Contact Information:

Name: _____

phone: _____

Relationship: _____

Name: _____

phone: _____

Relationship: _____

Medical Release:

We do hereby authorize any licensed physician and/or responsible staff member of any hospital in any state to administer whatever treatment of _____ (skier's full name). We consent to any examination, administration of any medication or anesthetic and medical and/or surgical treatment or other hospital services rendered under the general or special instruction of such physician or hospital staff person. This release is valid from June 1, 2017 through May 31, 2018. Every attempt will be made to contact parents or a legal guardian of SKIER in the event emergency medical care is needed. Some hospitals, however, will not accept verbal authorization for treatment.

Please fill in and sign below:

You have my consent to treat _____ in an emergency situation.

Parent Signature _____

Date: _____

Parent's name _____

(Each athlete is required to have the medical information and release form filled out and signed)

TIMBERLINE LODGE & SKI AREA AGREEMENT OF RELEASE AND INDEMNITY 2017

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 #: _____