

**CROSS COUNTRY SKI LESSONS AND CLINICS**

**ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY**

I, THE UNDERSIGNED, on behalf of myself and/or my minor child UNDERSTAND, AND AGREE, AND ACKNOWLEDGE that officials and other volunteers associated with Brenda Winkler's ski lessons, clinics and events are recreational and/or competitive ski programs and events in which my participation or that of my child or children is voluntary.

I UNDERSTAND AND AGREE that Nordic skiing is an action sport carrying risks of personal injury and property damage and the possibility of severe personal injury or even death.

I UNDERSTAND AND AGREE that coaches (paid or volunteer), officials and other volunteers associated with Brenda Winkler and her programs are not guarantors of my safety nor of the safety of my child or children nor do they warrant my safety or that of my child or children.

Being fully aware of and agreeing to and understanding the risks, condition, and hazards of the proposed activity being undertaken by my child or children or me, I DO HEREBY on behalf of myself and/or my minor child ASSUME THE RISK of personal injury, property damage, and the possibility of severe personal injury or even death AND DO HEREBY WAIVE, RELEASE, and agree to indemnify all medical cost that may be incurred by me or my minor child, AND DISCHARGE Brenda Winkler and assistant ski instructors, including any ski area or facility at which such claim for damages might arise including officers, directors, employees, agents, and volunteers of such ski area or facility from any and all claims for damages for which I or my child or children may have or which may hereafter accrue to me or my child or children as a result of participation.

I UNDERSTAND AND AGREE that I have been advised by the reading of this document that I should have in effect valid and sufficient medical and accident insurance. I understand that such insurance is my sole responsibility and release all persons and entities identified above from providing this coverage for me or my child or children.

THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY shall be binding upon the heirs, personal representatives, and assign of my child or children and me.

Name (print): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of participant if 18 years old or older Date

Children Name(s) (print): \_\_\_\_\_ Age (s): \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian if participant is under 18 years of age Date