

Esprit "The Ultimate" Ski & Sports Club, Inc.



Medical/Liability Release

Participant Information: (Please Print)

Name:	Birthdate:
Address:	
City/State/Zip:	
Phone:	Alt. Phone:

If child under 18:

Parent/Legal Guardian:	
Address:	
City/State/Zip:	
Phone:	Alt Phone:

In case of EMERGENCY:

Contact:	Relationship:
Phone:	Alt. Phone:

This medical information section **MUST BE COMPLETED**. If the answer is none, please indicate "N/A" or "Unknown" on the appropriate line and initial beside. **DO NOT** leave any blanks.

Medications currently taken:
Allergies:
Other medical/physical limitations, etc.:
Medical insurance card policy or group number:

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

I hereby release and discharge, on behalf of myself, my heirs, executors, personal representatives, and assigns, the NBS, Esprit Ski & Sports Club, Inc., their officers, volunteers, and successors and assigns, from any and all actions, causes of action, claims, damages, demands, injuries and liabilities of any nature whatsoever, arising out of or in any way connected with their involvement with any ski trip and/or activity throughout the 2013-2014 club year.

I authorize medical examination and treatment as may be deemed advisable by the physician in attendance. If I cannot be reached, I authorize the attending medical personnel to act as medical judgment may dictate. I also agree to assume financial responsibility for my care and/or that of my minor child.

Signature:	Date:
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