

**New Life Academy Ski Club 2019
Release from Liability and Medical Information Form**

Name of Participant _____ Grade: _____

In the case of a medical emergency while participating in Ski Club, for which my child is registered, I authorize New Life Academy Ski Club Chaperones to administer first aid and/or to obtain whatever medical treatment they deem necessary for my child's welfare, including obtaining transportation for my child to a hospital or doctor's office. I understand that I will be notified as soon as possible and that all expense incurred in the treatment will be assumed either directly by me or by my insurance coverage as noted below.

Confidential Medical Information:

Family doctor _____ Telephone: _____

Medical Insurance Company _____

Policy No. _____

Preferred Hospital _____

Member Liability waiver, release and consent: A skier/snowboarder assumes the risk of any injury to person or property resulting from any of the inherent dangers and risks of skiing /snowboarding and may not recover from the New Life Academy Ski Club or its trip leaders for any injuries resulting from the inherent dangers and risks of skiing/snowboarding. New Life Academy Ski Club and its volunteer activity leaders act solely in the capacity of agents on behalf of New Life Academy in arranging for transportation and other services and as such are not responsible for any damage, less (financial or otherwise), delay, injury, or accident due to any act or individual engaged in providing transportation or other services which are part of an activity.

I agree to assume the risk of any harm, damage, loss, delay, injury, or accident that may occur while participating in the New Life Academy Ski Club activity. This release applies to the New Life Academy Ski Club, its officers, council members, activity leaders and other club members. I acknowledge that I am a member of the New Life Academy Ski Club, I have read and accept the terms and conditions of this waiver, release and content and understand the terms used in it and their significance. I have executed this waiver, release and consent voluntarily and freely.

Parent or Guardian Signature

Date

Please return the completed form to Pam Jones at pamelajones@newlifeacademy.org.