



Junior Mt Riders Program Registration

Please complete and bring forms with you to the first day of riding

Child Name: _____ Todays Date: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth (MM/DD/YY): _____

Parent Name and Email Address: _____

Parents Cell # _____ Work Ph. # _____

Parent Name and Email Address: _____

Parents Cell # _____ Work Ph. # _____

Do we have permission to share your contact information on a program roster (circle)? Yes No

() Jr. Mt Bike Program \$50.00 (includes Tech T) Size: S____ M____ L____ XL____ (Youth Sizes)
() Drop-in \$10.00 (Only need to complete this form once)
() Tech T Shirt \$10.00 (Optional)

Total Fees: \$_____

Payment with check: Check #_____

Credit Card Payment: (circle one) Visa Mastercard Discover

Card Holder Name: _____ Credit Card #: _____

Expiration Date: _____ / _____ Security Code (last 3 digits on back of card): _____

Credit card billing address (including city/zip): _____

Signature of Card Holder: _____

List of completed forms:

1. Jr. Mt Riders Program Registration Form
2. Special and Limited Power of Attorney/Photographic Release
3. Release of Liability and Waiver

Special and Limited Power of Attorney Medical Release

Family Name: _____

Child's Name: _____

I, _____ am the parent or legal guardian for above said minor, and I hereby make and appoint the Tahoe Cross Country Ski Education Association staff my true and lawful attorney for me in my name to perform any emergency medical care hereinafter set down as fully as I might if personally present with full power of substitution and revocation. I am hereby ratifying and confirming my entire said attorney should do or cause to be done by virtue of this power and assume all financial responsibility for the same.

I authorize said attorney to authorize any and all medical and hospital care and treatment deemed necessary by a duly licensed physician for the health and well being of my child named above.

Please circle

Signature: _____ Date: _____ (parent/legal guardian)

List ALL important medical information including allergies to food or medicine, asthma, diabetes, seizure disorders, special physical conditions, dietary and medications for your child:

- _____
- _____
- _____
- _____

Emergency Contact if parent/guardian can't be reached _____

Emergency Contact Phone: _____

Family Insurance Company _____ Policy #_____

Family Physician: _____ Phone Number: _____

Photographic Release

I also understand that photographs or video recording may be taken of my child during the programs. I give Tahoe Cross Country Ski Education Association permission to use any such material for advertising or in promotional materials.

Parent or Legal Guardian Signature: _____ Date: _____

**TAHOE CROSS COUNTRY SKI EDUCATION ASSOCIATION
AGREEMENT AND RELEASE OF LIABILITY, TERMS AND CONDITIONS**

I understand that mountain biking, cross country skiing, snowshoeing, roller skiing, and hiking are hazardous sports, and that there are inherent and other risks involved in these and other activities and during transportation that I may be exposed to during my participation in the activity or class. I understand that injuries are a common and ordinary occurrence of the sports, and I freely and voluntarily **ASSUME THOSE RISKS**. I understand that there are natural and manmade obstacles or hazards, objects, equipment failure, surface and environmental conditions, and other risks which in combination with my actions can cause very severe or occasional fatal injury. To the fullest extent allowed by law, I agree to **RELEASE, DEFEND AND INDEMNIFY** Tahoe Cross Country Ski Area, Tahoe Cross Country Ski Education Association, their associates, owners, agents and employees (collectively referred to as "Tahoe Cross Country"), from any and all liability for damage or injury to myself or to any person or property while skiing, biking, racing, or training at Tahoe Cross Country. I agree to be bound by this agreement even if such damage or injury is due to Tahoe Cross Country's alleged **NEGLIGENCE**. I agree to read, observe, and abide by the Skier's Responsibility Code, the Placer County Skier's Responsibility Code, and all posted notices, warnings and signs, and agree to all of the terms and conditions of Tahoe Cross Country. I have no medical or physical condition, which to my knowledge, would endanger others or myself if I participate in this program, or would interfere with my ability to participate in this program or event. I agree, for myself and my successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence. This agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provisions herein or as consent to any subsequent waiver or modification. This agreement is governed by the laws of the applicable state or province. If any part of the agreement is determined to be enforceable, all other parts shall be given full force and effect. I expressly agree to assume all risks of injury and to release from liability and never sue Tahoe Cross Country Ski Area, Tahoe Cross Country Ski Education Association and all agents regardless of cause (including negligence).

This document is a legally binding contract which supersedes any other agreements or representations by or between the parties and which is intended to provide a comprehensive release of liability, but it is not intended to assert claims or defense which are prohibited by law.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THIS AGREEMENT AND RELEASE OF LIABILITY, AND AGREE THAT IT IS A CONTRACT THAT IS LEGALLY BINDING UPON ME, MY HEIRS, GUARDIANS, ASSIGNS AND LEGAL REPRESENTATIVES.

Name of participant (print) _____ Age _____ Birthdate _____

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent or guardian. My child is fit to participate in TCCSEA programs, and I consent to my child's participation. **I HAVE READ AND I UNDERSTAND THE ABOVE CONDITIONS AND RELEASE OF LIABILITY**. Whether caused by the negligence of the released parties or others, **I PROMISE NEVER TO SUE TAHOE CROSS COUNTRY SKI AREA OR ANY RELEASED PARTY** on my behalf or on behalf of my child regarding any claim arising from my child's participation in this program.

Signature of Parent or Guardian _____ Today's' Date _____

Name (Print) _____