2015-2016
Thunder Ridge Race Team
Waiver and Medical Information

The undersigned acknowledges, accepts, and understands that Alpine Skiing is a hazardous sport with many dangers and risks and that injuries are a common and ordinary occurrence of the sport. As a condition of being permitted to use the ski area premises the undersigned freely accepts and voluntarily assumes the risks of injury or property damage and releases Thunder Ridge, its employees, and agents from any and all liability for personal injury or property damage resulting from negligence, conditions of the premises, operations of the ski area, actions or omission of employees or agents of the ski area or from participation in skiing at the area, accepting full responsibility for any and all such damage or injury of any kind which may result.

_____ _____

Signature (parent or guardian if under 18 years old) Date

Medical Information

Name _____ Age _____ Date of Birth _____

Street _____City_____

State_____ Zip_____ Phone _____

Emergency Name_____ Emergency No._____

Doctor _____ Phone _____

Doctors Address _____

Insurance Carrier _____

Policy No. _____Exp. Date _____

Allergic to any medication _____ If yes, please list _____

_____

Any physical disorders (asthma, diabetes, etc.) _____

_____

137 Birch Hill Road, P. O. Box 277, Patterson, New York 12563 845-878-4100