

BIG SKY SKI EDUCATION FOUNDATION RELEASE OF ALL CLAIMS

I/We _____ parent(s) or guardian(s) of _____, a minor, understand that competitive ski racing, practicing for competitive ski racing and all of the activities associated with ski training are dangerous and physically demanding activities and that serious person injury is a possibility. I/We agree to allow his/her participation in such activities and hereby do release the Big Sky Ski Education Foundation, Big Sky Ski and Summer Resort, their successors, assigns, officers, agents and employees, and agree to hold said parties free from any and all claims, demands, causes of action, and/or attorneys fees arising out of or in any way related to any personal injury or property damage sustained by/to my/our child while being transported to or from such activities or while involved in such activities.

POWER TO AUTHORIZE MEDICAL TREATMENT:

I/We the undersigned, as parent(s) and/or legal guardian of _____ (my/our child) do recognize that medical treatment may become necessary during my/our child('s) travel and participation in the Big Sky Ski Education Foundation's programs and to avoid delay of necessary medical treatment and/or that which would alleviate physical discomfort attendant to physical injury, **HEREBY EMPOWER THE COACHES AND STAFF** of the Big Sky Ski Education Foundation to authorize on my/our behalf recommended medical treatment of my/our child by any staff member of any hospital, medical doctor, emergency medical technician and/or paramedic.

I/We have read and understand the Release of all Claims and voluntarily, willingly and knowingly have signed this release as evidence of my/our agreement to all of its terms. Also, this **AUTHORIZATION** is complete in and of itself and fully operative upon my/our signature for the duration of my/our child's participation in the Big Sky Ski Education Foundation.

____ Please check if you are in the Masters program and over the age of 18. I represent to the parties released that I am in the Masters program and over the age of 18. I agree to all of the above release terms and conditions.

Date

Signature

Date

Signature

Insurance Company: _____ Policy Number _____

Doctor's Name and Phone: _____