Training Sign-In Sheet

Event:_____ Date: _____

Coordinator: _____

Each member must sign the waiver and release of liability below.
In consideration for the rights and privileges associated with membership in the Rochester Nordic Ski Club (RNSC) and the New York State Ski Racing Association (NYSSRA) – Nordic, Inc I acknowledge and agree to be bound by the following:
1. Identification of Risks. I understand that participation in any skiing activity, including but not limited to, preparation for, participation in, and coaching of activities in cross country ski competitions and clinics, involve risk of serious injury, including permanent disability, death and other losses, due to inaction's or negligence of myself or others.
2. Assumption of the Risk. I agree that I am responsible for my safety while participating in activities associated with RNSC and NYSSRA - Nordic, Inc., and that such responsibility includes participation only; a) when I am both physically and psychologically repaired to participate safely, b) after fully familiarizing myself with the venue before beginning the activity, and c) while using the equipment of a type and condition reasonably necessary to safely participate. I assume all risk connected with responsibility for any injury or loss connected with my participation.
3. Waiver. Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless the RNSC and NYSSRA - Nordic, Inc., its affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, officials, event organizers or sponsors (Released Parties) from any and all claims by me for any liability, injury, loss or damage in any way connected with my participation in activities associated with RNSC and NYSSRA - Nordic, Inc., except where caused by the gross negligence or willful or wanton misconduct of any of the Released Parties. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who may pursue any legal action or claim on my behalf.
4. Insurance. I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entitles from providing this coverage for me.

Printed Name	Emergency Phone Number	Signature