

**NEW YORK SKI EDUCATIONAL FOUNDATION  
CAMP LIABILITY RELEASE**

**CAMP NAME: NYSEF Nordic High School Camp**

**CAMP DATES: 12/27/16 -12/30/16**

PARTICIPANT NAME (as displayed on ID): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PARTICIPANT E-MAIL: \_\_\_\_\_ MOBILE PHONE # \_\_\_\_\_

MOTHER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE#: \_\_\_\_\_

FATHER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMERGENCY CONTACT (if parents cannot be reached): \_\_\_\_\_ # \_\_\_\_\_

**PARTICIPANT INFORMATION**

DOB: \_\_\_\_\_ AGE at camp: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

List any allergies the participant has: \_\_\_\_\_

List any medications the participant is currently taking: \_\_\_\_\_

Does the participant have any medical history that would affect his/her participation in this camp? \_\_\_\_\_

If so, please describe (also list anything that would be important to know while caring for the participant):

\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ I verify that the participant has had a physical exam in the last year (please initial): \_\_\_\_\_

**Participants MUST provide a copy of insurance card in case of emergency!!!**

**LIABILITY RELEASE:**

In consideration for the services provided by the New York Ski Educational Foundation (NYSEF), I hereby wave, release and hold harmless NYSEF, its members, employees, coaches, trainers, organizers and agents and any other persons connected with the Camp, from any and all claim for liability, injury, loss or damage arising from my son's/daughter's participation in or presence at the Camp.

In addition, I the parent/guardian, give the Camp personnel permission and authority to obtain medical aid, cure and treatment or anesthetic for my son/daughter in case of injury including but not limited to performing any diagnostic procedure, operation, or curative remedial procedure they deem necessary or advisable. It is understood and agreed that every effort will be made to contact me in case of injury and medical attention becomes necessary. I give my permission for my child to travel with NYSEF personnel inside of and outside of the United States.

I am fully aware of and accept the risks and dangers inherent in snowsports and agree that I am responsible for my safety and that of my children. I assume all risks connected with participation in the Camp.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Guardian's Signature\*\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*\*\* This is to certify that as the parent/guardian of the above named participant, all the information above is correct and I do consent to his/her agreement to be bound to the terms and conditions set forth in this waiver (including the NYSEF Code of Conduct).

## **NEW YORK SKI EDUCATIONAL FOUNDATION ATHLETE CODE OF CONDUCT**

As a participant in a NYSEF program or camp, the athlete must realize that they are a visible representative of NYSEF, the school they attend and their family. All athletes participating in a NYSEF program or camp will be required to follow this established Code of Conduct.

1. All participants are expected to abide by the Rules and Regulations at their particular venue. Remember you are a guest at that facility and should treat all venue employees and public skiers with courtesy and respect.
2. Participants are expected to act under all applicable laws, rules and regulations
3. Participants are required to wear helmets while skiing or training.
4. Participants are required to conduct themselves in a sportsmanlike manner at all times and to treat their team mates with sportsmanship and respect.
5. Participants must be neatly and properly dressed.
6. Participants must listen to and be courteous to coaches.
7. Participants must be on time for all activities.
8. Participants must maintain their athletic eligibility by meeting academic standards.
9. Participants must be under the supervision of NYSEF staff while training or competing.
10. Participants must abide by the NYSEF Bullying Prevention Policy Guidelines.
11. Participants in NYSEF programs or camps will be disciplined for the following infractions:
  - a. Use of tobacco and chewing tobacco
  - b. Use and/or possession of alcohol
  - c. Use and/or possession of narcotics, non-prescription drugs or any other illegal substance
  - d. Behavior that is detrimental to the program and/or other athletes
  - e. Theft of property
12. Recommended disciplinary actions can include:
  - a. Dismissal from camp/event at cost of athlete/parent
  - b. Suspension of training privilege for specific time period
  - c. Loss of racing privilege for specific events (if applicable)
  - d. Police involvement
13. Athletes who are dismissed from a school or team because of any of the above infractions will have training privileges suspended. Participants at a camp and/or race will be sent home immediately. Program privileges will be suspended until the situation is resolved. The Program Director reserves the right to remove the training pass from a participant if the situation warrants it.
14. Other disciplinary measures can be taken by the Program Director based on the severity of the situation.



# UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Date: 12/27/16-12/30/16

Program Name: NYSEF Nordic High School Camp

NGB: USSA

## PARTICIPANT'S BIOGRAPHICAL INFORMATION

**Name:** (please use legal name) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ *First* *Middle* *Last* Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ **Gender:** Male Female

US Citizen: Yes No If No, what nationality? \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

Social Security Number, (last four digits only): XXX-XX-\_\_\_\_\_ (Four digit SSN Used for USOC filing purposes only)

**Street Address:** \_\_\_\_\_ **State:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

## PARTICIPANT'S EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

## PARTICIPANT'S GUEST TYPE AND SKILL LEVEL

Please check your guest type for this program.

Athlete  Coach  Official  NGB Administrator  Sponsor  
 Staff  Trainer  Intern  Medical Staff  Other: \_\_\_\_\_

**Athletes:** Please check your skill level for this program

\_\_\_\_ **Olympic Caliber:** Athletes who have competed or will compete in the upcoming Olympic or Pan Am Games, or NGB's World Championship

\_\_\_\_ **National:** NGB National Senior Team member or competition in a major international event within the last 12 months.

\_\_\_\_ **Junior National:** NG+++B National Junior Team member or competition in a major international event within the last 12 months.

**Development:** Highly skilled athletes showing strong potential for growth and improvement with the objective of obtaining a higher skill level.

\* All information highlighted in red MUST be completed correctly.

**UNITED STATES OLYMPIC COMMITTEE'S  
WAIVER AND RELEASE OF LIABILITY**

**NOTE: THIS FORM MUST BE READ AND SIGNED UNALTERED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN CERTAIN ACTIVITIES AT UNITED STATES OLYMPIC COMMITTEE'S TRAINING CENTERS. BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY, THE PARTICIPANT AFFIRMS HAVING READ AND UNDERSTOOD IT AND IS IN AGREEMENT WITH ITS CONTENTS.**

IN CONSIDERATION for the **United States Olympic Committee** ("USOC") permitting me to participate in any and all activities, including, but not limited to, NORDIC SKIING [Fill in the sport or activity], and further including transportation, housing and meals, as applicable (collectively, the "Activity") on, at or organized by the Olympic Training Center in Colorado Springs, Colorado, Chula Vista, California, or Lake Placid, New York (each an "OTC" and collectively, the "USOTC"), I, for myself, my personal representatives, assigns, heirs, and next of kin acknowledge, agree, and understand the following:

(1) (a) I am over the age of 18 and/or have parental consent to participate in the Activity (for the avoidance of doubt, persons under the age of 18 are NOT allowed to participate in the Activity without parental consent evidenced below); (b) I am in good health and have a level of fitness and readiness that will permit my performance in the Activity ; (c) I understand and request that I be allowed to participate in certain physical, nutritional, and performance activities, as applicable, that are part of the Activity; and that (d) I am qualified and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity;

(2) (a) I have consulted with and obtained the authorization of my primary care physician ("Physician"), in order to allow me to participate in the physical and emotional aspects of the Activity; (b) I will share any results of the Activities with my Physician; and (c) I will follow the advice of said Physician in connection therewith;

(3) I FULLY UNDERSTAND that: (a) THE ACTIVITY MAY INVOLVE INHERENT AND OTHER RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, the equipment used for the Activity, the facilities in which the Activity takes place, and/or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either known or not known to me or not readily foreseeable at this time but that may arise in connection with my participation in the Activity; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS; FOR ANY LIABILITIES, LOSSES, COSTS AND/OR DAMAGES I incur as a result of my participation in the Activity;

(4) I willingly agree to comply with the stated and customary terms and conditions for participation, if, however, I observe any unusual or unnecessary hazard during my presence or participation, I will take reasonable steps to avoid any hazard and immediately bring such to the attention of the nearest official.

(5) I consent to abide by the rules of the Activity and conduct for guests of the OTC as applicable to the Activity and understand that violations will result in full or partial forfeitures of the Activity.

(6) I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS, PROMISE NOT TO SUE, AND WAIVE ALL CLAIMS RELATING TO THE UNITED STATES OLYMPIC COMMITTEE, OR OTHER SPONSORING ORGANIZATION (IF ANY), THEIR OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES CAUSED IN WHOLE OR IN PART BY MY PARTICIPATION IN THE ACTIVITY FROM WHATEVER CAUSE, INCLUDING, WITHOUT LIMITATION, THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT AS THE RESULT OF GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.

(7) This Waiver and Release of Liability shall remain valid for the entire Activity and for the full calendar year in which it is signed or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the waiver and release of liability given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to termination of my participation in the Activity.

(8) I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

(9) This Release and Waiver of Liability shall be governed by the laws of the State of Colorado and shall be binding on the parties hereto and their heirs, personal representatives, successors and assigns. Venue for any action shall be Colorado Springs, Colorado.

(10) This Release and Waiver of Liability constitutes the entire agreement between the parties hereto with regard to the subject matter herein and supersedes and replaces any prior agreements, oral or otherwise, between the parties hereto. No change or modification of this Release and Waiver of Liability shall be valid unless the same is in writing and signed by the both parties.

I have read this Waiver and Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature \_\_\_\_\_

Participant's Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE**

This is to certify that I as parent(s)/guardian(s) with legal responsibility for this Participant, do consent and agree not only to my minor child's release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releasees from any and all Liability incident to my minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Legal Guardian Signature \_\_\_\_\_

Parent/Legal Guardian Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

**CONSENT FOR PROVISION OF MEDICAL TREATMENT**

This consent (the "Consent") pertains to the provision of medical services, psychological or psychiatric care and treatment and emergency medical services, conducted at the United States Olympic Training Centers and USOC events.

In the event that medical services are necessary, I hereby authorize the USOC or the their respective personnel to act to address such needs without first obtaining my prior consent or the consent of the Participant's next of kin or any other individual.

This Consent shall remain valid for the entire Activity and for the full calendar year in which it is signed or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the consent given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to termination of the Activity.

I have read this Consent and fully understand, consent and agree to its terms,

Participant's Signature \_\_\_\_\_

Participant's Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE**

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for the Participant do consent and agree to the above written Consent.

Parent/Legal Guardian Signature \_\_\_\_\_

Parent/Legal Guardian Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

### **ANTI – DOPING FOR ATHLETE PARTICIPANTS**

I shall comply with all anti-doping policies, procedures and protocols of the International Olympic Committee (IOC), my applicable International Federation (IF), World Anti-Doping Agency (WADA), United States Anti-Doping Agency (USADA) and United States Olympic Committee (USOC).

Participant's Signature \_\_\_\_\_

Participant's Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

### **FOR ATHLETE PARTICIPANTS OF MINORITY AGE** **(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as the parent/guardian of this Participant, have explained to him/her the aforementioned stipulated conditions and have instructed him/her to abide by the Anti-doping provision.

Parent/Legal Guardian Signature \_\_\_\_\_

Parent/Legal Guardian Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

### **OTC PARTICIPANT CODE OF CONDUCT**

All Participants agree to abide by the below described code of conduct for athletes, coaches, and guests of the USOTC, as applicable and understand that violations may result in forfeiture of privileges or other disciplinary proceedings.

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, drug paraphernalia, or IOC-banned substances on the premises is prohibited.
2. Tobacco in any form is not permitted at the OTC.
3. Participants must keep their ID card on them at all time, and may not allow another to use Participant's ID card at any time. This includes passing ID cards to allow another access the dining hall.
4. The OTC is not responsible for loss or damage of personal property owned by athletes, coaches, guests or residents on site. USOC Risk Management recommends the purchase of tenant insurance by individuals residing on site.
5. Animals are strictly prohibited at the OTC, including the dorms, with the exception of service animals. Service animals must check in with the front desk staff of the OTC for proper registration of the animal.
6. Tactical sports equipment (e.g. firearms, ammunition, archery arrows, and bows) must be reported to front desk staff upon check-in so that it may be stored in the appropriate location as determined by the OTC. Oversized sports equipment should not be stored in the dormitory.

7. For those Participants visiting the OTC, visitors are prohibited in the dormitory areas or on the premises between 12:00 AM and 7:00 AM daily (Colorado Springs), 11:00 pm – 7:00 am (Chula Vista and Lake Placid).
8. For those Participants visiting the OTC, OTC quiet hours are from 10:00 PM – 7:00 AM daily.
9. For those Participants staying and/or living at the OTC, any physical damage to a facility or loss of items from a dormitory room (e.g., blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
10. For those Participants staying and/or living at the OTC, candles, incense, or any other type of open flame items and appliances are prohibited in the dormitories.
11. For those Participants staying and/or living at the OTC, space heaters, electric frying pans, toaster ovens, microwaves, hot plates, coffee pots, or any appliance or equipment rated above 6 amps and/or 750 watts are strictly prohibited in the dormitories. If Participant needs additional outlets, a multiple outlet strip is required. Extension cords and plug-in adapters are not acceptable.
12. For those Participants staying and/or living at the OTC, the dormitory hallways must remain clear of debris at all times. No one may store bicycles, furniture or other items in the hallways. If Participant requires bicycle storage, or need an item of furniture removed, please contact the front desk staff at x4444 (Colorado Springs), x#9009 (Chula Vista), or x2600 (Lake Placid).
13. For those Participants staying and/or living at the OTC, checkout from the dorms on day of departure is 9:00am. All belongings must be removed from Participant's room prior to 9:00am, but Participant is allowed to keep Participant's access card until after breakfast/lunch, as applicable. If Participant has an afternoon flight, Participant may store Participant's belongings in the luggage room, across from the registration desk in the athlete center in Colorado Springs or in the ACI in Chula Vista. Check with the front desk staff for access. Additional charges will be assessed if Participant does not vacate Participant's room at the time set forth above.
14. Participant must checkout at the Front Desk before leaving the OTC in order to properly checkout of Participants Activity. Failure to do so will result in a fee to said Participant.
15. Participant should direct any questions regarding this Code of Conduct to the front desk staff.

I have read this Code of Conduct and fully understand, consent and agree to its terms,

Participant's Signature \_\_\_\_\_

Participant's Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE**

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this Participant do consent and agree to the aforementioned stipulated conditions and their ramifications.

Parent/Legal Guardian Signature \_\_\_\_\_

Parent/Legal Guardian Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_





## Cross Country Season Pass Application 2016-2017

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LIST ALL PURCHASES FROM PAGE 1, INCLUDING PASSES AND PROGRAMS BELOW

PASSHOLDERS NAME	AGE	PRODUCT	COST	SIGNATURE (Age 18 & over)
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

TOTAL: \_\_\_\_\_

**Sign Assumption of Risk Agreement** Before signing this form or using your pass, please read and understand the notice, warning to skiers and assumption of risk below.

**NOTICE:** SKIERS - are governed by the New York State Safety in Skiing Code (Article 18, of the NYS General Obligations law). Before accepting this pass or allowing this pass to be affixed to your person, your attention is directed to a posted "WARNING TO SKIERS" which is printed below and where passes are purchased. New York Law requires you to seek out, read, review and understand the "Warning to Skiers" before you decide to participate in the sport of skiing.

**WARNING TO SKIERS:** Nordic skiing, like many other sports, contains inherent risks including, but not limited to the risk of personal injury including, catastrophic injury, or death, or property damage, which may be caused by variations in terrain or weather conditions; or, surface or subsurface snow, ice, bare spots or areas of thin cover, moguls, ruts, bumps; or other persons using the facilities; or rocks, forest growth, debris, branches, trees, roots, stumps; or, other natural objects or man made objects that are incidental to the provision or maintenance of a ski facility in New York State. New York Law imposes a duty on you to become apprised of, and understand, the risks inherent in the sport of skiing, which are set forth above, so that you make an informed decision whether to participate in skiing notwithstanding the risks. New York law also imposes additional duties upon you, to which you must adhere, for the purpose of avoiding injury caused by any of the risks inherent in skiing. If you are not willing to assume all of these risks and abide by these duties, you must not participate in skiing at this area.

**ASSUMPTION OF RISK AGREEMENT:** I have read and understand the **NOTICE** above. I have read, reviewed and understand the **WARNING TO SKIERS** printed above. In signing this application and receiving the Season Pass, I signify that I am aware of and understand the risks inherent in the sport of skiing and that I am accountable for my action as set forth on the **WARNING TO SKIERS** signs. I agree that this acknowledgement shall be for the entire term of the pass received. For the entire term, I relinquish my right to a refund of the purchase price of the pass purchased that is allowable under the Safety in Skiing Code for those persons unwilling to ski because of the risks of the sport or the duties imposed upon skiers by law. All pass applicants must sign this application before it can be processed and the pass distributed.

Digital photos can be emailed to us at [rdayton@orda.org](mailto:rdayton@orda.org) or have your photos taken at OSC-XC.

Check here \_\_\_\_\_ if we have your photo on file at Whiteface or OSC-XC. Call 518-523-4436 with questions.

Choose One Option \_\_\_\_\_ PLEASE MAIL MY PASSES \_\_\_\_\_ PICK MY PASSES UP AT THE SKI CENTER

**SEASON PASSES ARE NOT TRANSFERABLE & MUST BE DISPLAYED WHEN SKIING.**

Mail applications to: Olympic Sports Complex Cross Country Center, Attn: XC Season Passes, 2634 Main St, Lake Placid, NY 12946

OFFICIAL USE ONLY: Date Processed \_\_\_\_\_ Transaction Number \_\_\_\_\_ Employee \_\_\_\_\_

### Payment Information

NYSEF Nordic High School Camp