

New York Ski Educational Foundation

www.nysef.org



NYSEF at Whiteface Mountain
PO Box 300
Wilmington, NY 12997
518.946.7001

NYSEF at Gore Mountain
PO Box 200
North Creek, NY 12853
518.251.2825

Hello athletes and parents! This summer, we are once again offering great summer training opportunities for your athlete. Below you will find details for the **Overnight options offered at the Lake Placid Olympic Training Center for our 2017 water ramping season**, to be held in early July and again in early August. Since 1980, NYSEF has offered annual summer training opportunities at various locations – we are thrilled to offer this experience at an affordable rate.

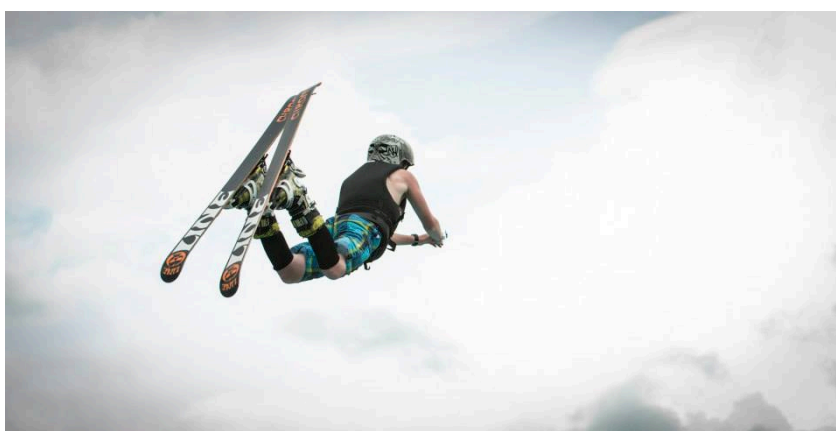
Housing Dates:

- **#1 -- July 5th – July 8th**
- **#2 -- August 5th – August 8th**

- **Philosophy**: Gain mileage and experience through water ramping, and trampoline training. Develop technical skills and introduce tactical strategies needed in SS, BA, MO, and DM in age-appropriate environments.
- **Location**: Lake Placid, New York
- **Cost**: \$625. Cost includes meals, lodging, transportation, evening activities, facility usage at the OTC and the Water Ramps, and coaching fees.
- **Costs NOT included**: Gifts or souvenirs.
- **Staff**: Some of your favorite NYSEF and Northwood School coaches including Justin Perry, Andris Blumbergs, Hannah Doan, Jake Doan, Nick Arnold, Mike Lynn, and Bob Witt.
- **Accommodations**: Lake Placid Olympic Training Center!
- **Other activities**: Off-hill activities include video analysis, group dry land including games, additional trampoline time, hikes and ski specific workouts, mini-golf, bowling, and other activities TBD.



Welcome to the LP OTC



It's a bird, it's a plane, it's Superman.... Na man, it's Jake Prichard!

More pictures can be found on [the NYSEF Snowsports Facebook Page](#)



What to Bring?

- Skis or snowboard
- Helmet
- Ski or snowboard boots
- Life Jacket
- Sunglasses and sunscreen
- Water bottle and backpack
- Summer workout clothing
- Bathing suit and towel
- Running shoes/sneakers
- Cloths for 4 days
- Sweatshirt
- Rain Clothing (think layers!)
- Toiletries
- Mouth guard (recommended)
- Watch (or some way to tell time!)
- Spending money (optional)
- Positive attitude!

Typical Daily Schedule

- 7:00 Breakfast
- 7:45 Depart for pool
- 8:00 Morning warm up
- 8:30 Training on the trampolines and water ramps
- 12:00 Lunch
- 12:30 Game/activity
- 1:00 Training on the trampolines and water ramps
- 4:30 Afternoon cool down
- 4:45 Return to OTC
- 5:00 Free time
- 6:00 Dinner
- 6:30 Video review
- 7:15 Evening Activity
- 9:30 In rooms
- 10:00 Lights out

The deadline and payment schedule is as follows:

- **At the time of sign up:** A 50% Non-Refundable Deposit is required at the time of sign up to reserve your space in the camp. Space is limited.
- **June 28th (for the 1st camp), and July 28th (for the 2nd camp):** The total amount of \$625 must be submitted with Lynn at NYSEF. Additional Forms (found below) are also required with Final Payment.
 - Completed "NYSEF Camp Liability Release" (below)
 - Completed "OTC Bio Form" (below)
 - Completed "OTC waiver, and liability release" (below)
 - Completed "ORDA waiver" (below)
 - Copy of health insurance card

Please send documents and payment to NYSEF office at Whiteface:

- Mail: NYSEF (attn "2017 OTC Ramp Camp"), PO Box 300, Wilmington, NY 12997
- Scan and email to: freeridecamps@nysef.org
- Call with questions (518-418-9281, or 518-946-7001 x22) or email justinp@nysef.org.
- Call Lynn (x24) to pay by phone.

Information is subject to change – please visit www.nysef.org for updates. Thank you for choosing NYSEF!



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



CAMP NAME: OTC water ramp camp #1 or #2 (please circle one, or both)

DATES ATTENDING: _____

PARTICIPANT NAME: _____

USSA or USASA#: _____

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, it's 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: _____ Program Name: _____ **NGB** _____

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: _____

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, 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 USOC, 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 AGREEMENTI, or anyone on my behalf, makes a claim against any of the RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OFTHERELEASEES 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 _____

OTC Participant Code of Conduct

The USOC endeavors to provide a safe environment for all athletes and other individuals who reside, train, work or compete at USOTC. Additionally, it is a privilege, not a right, for any person to access and/or train at the USOTC.

All guests consent to abide by the below described guidelines and protocols for athletes, coaches, and guests of the OTC:

- (1) The transportation, possession or unauthorized use of alcoholic beverages on the premises is prohibited.
- (2) Tobacco, tobacco products and smoking paraphernalia, and marijuana in any form are not permitted in the OTC dormitories or facilities.
- (3) Tobacco in the form of cigarettes and chewing tobacco is allowed to be stored in the dormitories, but may not be used indoors. It is allowed in designated smoking areas only at the OTC.
- (4) The transportation, possession or unauthorized use of illegal drugs, drug paraphernalia, and/or banned substances, as defined by the International Olympic Committee (IOC), International Paralympic Committee (IPC), World Anti-Doping Agency (WADA), the United States Anti-Doping Agency (USADA), or the USOC rules, on the premises is prohibited.
- (5) Visitors/unregistered guests are prohibited in the dormitory areas or on the premises between 11:00 PM and 7:00 AM daily. When on site, visitors must be accompanied by the registered athlete/guest at all times.
- (6) Quiet hours are from 10:00 PM-7:00 AM daily.
- (7) Users must keep their ID card on them at all time. Scanning an ID card by an unauthorized person(s) for any reason is prohibited. This includes passing cards to access the dining hall and acquiring to-go meals for persons who do not have meal access.
- (8) Any physical damage to a facility or loss of items from a dormitory room (e.g., blankets, lamps, etc.) will be charged back to the NGB assigned to the room in which the damage or loss occurs.
- (9) The OTC is not responsible for loss or damage to the personal property of athletes, coaches, guests or residents on site. USOC Risk Management recommends the purchase of tenant insurance by individuals residing on site.
- (10) Space heaters, electric frying pans, toaster ovens, microwaves, hot plates, or any appliance or equipment rated above 6 amps and/or 750 watts are strictly prohibited in the dormitories.
- (11) If you need additional outlets, a multiple outlet strip is required. Extension cords and plug in adapters are not acceptable.
- (12) Candles, incense, or any other type of open flame items are prohibited in the dormitories.
- (13) Tactical sports equipment (e.g. firearms, ammunition, archery arrows, and bows) must be stored in appropriate location for each OTC (i.e. Colorado Springs firearms and ammunition should be stored in Shooting range safe). Oversized sports equipment may not be stored in the dormitory.
- (14) The dormitory hallways must remain clear of debris at all times. No athlete may store bicycles, furniture or other items in the hallways. If you require bicycle storage, or need an item of furniture removed, please contact the Front Desk at x4444 (Colorado Springs), x0 (Chula Vista), or x2600 (Lake Placid).
- (15) Animals are strictly prohibited in the dorms and on-site with the exception of service animals. All service animals must be reported upon check-in.
- (16) Checkout from the dorms on day of departure is 9:00am. All belongings must be removed from your room prior to 9:00am, but you are allowed to keep your access card until after you eat breakfast/lunch. Additional charges may be incurred if rooms are not vacated before 9:00am.
- (17) If you would like to keep your ID as a souvenir upon departure, you may do so. However, in order to checkout of your camp/program, you must scan your ID at the front desk before leaving the OTC.
- (18) The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system, including causing a false fire alarm (by pulling the fire alarm handle) will result in immediate dismissal from the OTC.

Safe Sport Requirements and Policy

The U.S. Olympic Committee is committed to the safety of athletes as well as their physical, emotional and social development and to ensuring that athletes can participate in sport in an environment free from misconduct.

To this end, the USOC requires participants refrain from all forms of misconduct, which include without limitations:

- All forms of sexual misconduct, including child sexual abuse
- Emotional misconduct
- Physical misconduct
- Bullying
- Harassment
- Hazing

It is a violation of the USOC's Safe Sport Policy to engage in any form of misconduct, and is also a violation of the policy if an individual knows of misconduct, but takes no action to intervene. Users are required to report violations of the USOC's safe sport policy and suspicions or allegations of child physical or sexual abuse.

For additional information concerning the USOC's Safe Sport Policy, please visit <http://www.teamusa.org/footer/legal/governance-documents>.

Unacceptable behavior will not be tolerated, including but not limited to, the following: -

- Any act in violation of federal, state, or local laws, or a violation of USOC policies
- Gross misconduct
- Willful destruction of property

Violations of any of the offenses listed above may result in the following consequences:

- **1st Offense:** up to 3 month forfeiture of OTC privileges (housing, meal access and/or training at the OTC)
- **2nd Offense:** up to 6 month forfeiture of OTC privileges (housing, meal access and/or training at the OTC)
- **3rd Offense:** up to lifetime forfeiture of OTC privileges (housing, meal access and/or training at the OTC)
- **Severe violations (i.e. Safe Sport violations, PED violations, etc.)** - May receive a more severe consequence on a case by case basis
- **Athletes subject to any of the above consequences shall not be barred from any protected competition (as defined in the USOC Bylaws) that takes place at the OTC.** Should a protected competition take place at the OTC, restrictions may be placed on the athlete, such as, but not limited to, locations beyond the venue.

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 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 USOTC and USOC events.

In the event that medical services are necessary, I hereby authorize the USOC or 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 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 _____

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 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 _____



RESPONSIBILITIES OF USER AND WAIVER

IN CONSIDERATION of permission granted to me by the NYS Olympic Regional Development Authority ("ORDA") to use the following facilities; **Whiteface Mountain and facilities, Olympic Sports Complex and facilities, MacKenzie-Intervale Ski Jumping Complex and facilities, Olympic Center, Sheffield Speed Skating Oval, Lake Placid Conference Center and facilities, Gore Mountain and facilities, Belleury Mountain and facilities, and U.S. Olympic Training Center and facilities** and equipment and other locations on which ORDA may maintain and manage operations including but not limited to: bobsleds, luge sleds, skeleton sleds, trampolines, euro bungee, climbing wall, skis and snowboards (with appropriate boots) and ski poles, rental equipment (including but not limited to; skis, boots, poles, snowboards, and helmets), children's sleds, tubes for sliding, ice skates, hockey sticks, helmets, rifles, curling stones, mountain bikes, disc golf equipment, all beach related activities and rental equipment, horses and horseback riding equipment, rides in or on ORDA vehicles and or equipment, and all inflatable equipment (collectively referred to as the "Sport Facilities and Equipment") in Lake Placid, Town of North Elba, Wilmington, North Creek, Town of Johnsburg, Highmount, Town of Shandaken and Village of Pine Hill all in New York State or any other location where such equipment may be utilized.

I expressly acknowledge:

1. USE OF THE SPORTS FACILITIES AND EQUIPMENT IS A HAZARDOUS ACTIVITY WHICH COULD RESULT IN PERSONAL INJURY OR DAMAGE. I acknowledge that use of the Sports Facilities and Equipment is dangerous and I knowingly assume all risks of personal injury or damage I may suffer by using the Sports Facilities and equipment. I further acknowledge that since I am using the Sports Facilities at my own risk, the ORDA bears no responsibility of any nature for any personal injury, damage or loss to my person or property arising out of or resulting from my visit to the Sports Facilities and Equipment use.
2. I am physically fit and possess the physical strength to meet my responsibilities as a user of the Sports Facilities and Equipment. I do not suffer from any medical condition that will be affected by my use of the Sports Facilities and Equipment. Further, I will not use the Sports Facilities and Equipment while under the influence of alcohol and/or drugs.
3. I agree to observe, read and abide by any and all notices as may be posted by the NYS Olympic Regional Development Authority which may pertain to my responsibilities as a user of the Sports Facilities and Equipment.
4. I grant permission to the ORDA to utilize any photograph, videotape, motion picture, recording or other record of my use of the Sports Facilities for any business purpose.
5. I acknowledge that the use of the Sports Facilities and Equipment is a hazardous activity and that I could suffer personal injury, which may be serious, as a user.
6. I hereby expressly acknowledge my understanding and acceptance of the foregoing, and agree to assume all the risks of any personal injuries whatsoever which I may incur during my use of the Sports Facilities and Equipment on the following date (or dates):
7. This agreement is governed by the applicable laws of New York State. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect. I agree and understand that any claim or lawsuit against the RELEASEES may be brought in the federal or state courts of New York in the county where the activity(s) takes place.

I DO FURTHER WAIVE any claim for damages which I may or might have by reason of injuries sustained by me in such use of the Sports Facilities, and do hereby release and forever discharge the ORDA, the Towns of North Elba, Wilmington, North Creek, Johnsburg, Shandaken and Highmount, the Villages of Lake Placid and Pine Hill, the State of New York, any sponsors and the officers and employees thereof, from any claim for damages against them or any of them which I may or might have by reason of injuries sustained in the use of the Sports Facilities and Equipment, or for any other damages sustained in the use thereof.

	Printed Name: First	Printed Name: Last	D.O.B	ATHLETE/PARTICIPANT SIGNATURE	Date(s) of use
#	Printed Name: First	Printed Name: Last	D.O.B	FAMILY MEMBER UNDER 18 YEARS OF AGE ATHLETE/PARTICIPANT SIGNATURE (Parent or Legal Guardian must sign at the bottom of this page)	Date(s) of use
1					
2					
3					
4					

STREET ADDRESS or PO BOX: _____ **CITY:** _____

STATE/PROVINCE: _____ **COUNTRY:** _____ **ZIP/POSTAL CODE:** _____

EMAIL ADDRESS: _____ **DATE OF BIRTH:** _____ mm/dd/yy

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ **DATE:** _____ mm/dd/yy
(If athlete(s)/participant(s) is/are under 18 years of age)

PRINTED NAME OF PARENT OR GUARDIAN: _____

EMERGENCY CONTACT: _____ **EMERGENCY PHONE NUMBER: () -** _____

The NYS Olympic Regional Development Authority may occasionally send you information and/or offers from our Olympic Venues and associated sponsors via email. At no time will your information be shared with others. Please check here if you do not wish to be added to our list: _____