

**2022-23 Wisconsin Nordic Ski League  
Amateur Athletic Waiver and Release of Liability**

Skier Name \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Team _____	Race Class: <u>5/6</u> <u>7/8</u> <u>JV</u> <u>Varsity</u> (circle)	Gender: Female Male (circle)
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\_\_\_ Loopy Fest \_\_\_ Snekkevik \_\_\_ Iola Invite \_\_\_ Hodag Sat \_\_\_ Hodag Sun \_\_\_ Hinderbinder \_\_\_ BSG \_\_\_ Lapham Loppet  
\_\_\_ Conference \_\_\_ Iola Norseman \_\_\_ State Sprints \_\_\_ State Distance \_\_\_ Other \_\_\_\_\_

Amateur Athletic Waiver and Release of Liability

**You must sign the waiver and have a parent sign on your behalf if you are under 18 years of age.**

In consideration of being allowed to participate in any way in this Nordic sports athletic competition or activity, and in all related events and activities:

1. I agree that prior to such participation I will inspect the equipment I will use and the facilities or venue where I will use the equipment and, if I believe that the equipment, facilities, or venue are unsafe in any respect I will immediately advise my coach(es) or the event supervisor(s) of such unsafe condition(s) and refuse to participate. If the parent or guardian of a minor participant, I have inspected my child's/ward's equipment and determined it to be safe and suitable for his/her use in this athletic competition or program and in all related events and activities. As my child's/ward's parent or guardian I have familiarized myself with the facilities and venue to be used for the competition, program, and related events and activities, and I agree that the same are safe and appropriate for use. I approve my child's/ward's participation using the facilities and in all events and activities at the facilities venue.
2. I acknowledge and fully understand that I may be engaging in activities that involve risk of injury, including risk of serious injury that may result in permanent disability or death, and risk of severe social and economic losses, which risks may result not only from my own or my child's/ward's actions, inactions, or negligence but also from the actions, inaction, or negligence of others, or from the rules of play, or from the condition of the premises or of any equipment used. Further, I acknowledge and fully understand that there may be other risks not presently known to me or not reasonably foreseeable at this time and I accept the consequences of those risks.
3. For myself or for my minor child or ward, I assume all the foregoing risks of whatever kind or description and accept full responsibility for my/his/her damages in the event of my/his/her injury, permanent disability or death.
4. Intending to be legally bound, I, on my own behalf or for my child or ward, do hereby release, waive, and discharge all claims for injury or damages and do hereby covenant not to sue the sponsoring organization, its administrators, officers, directors, members, employees or agents, and affiliated clubs, volunteers, sponsors, advertisers, and if applicable, the owner/s or lessor/s of premises used to conduct its events or activities, all of whom are hereinafter referred to as "releasees", from any and all liability to me, or to my child/ward, or to my/his/her heirs and next of kin, for all claims, demands, or damages on account of injury, including injury that causes disability and death, or for damage to property, caused or alleged to be caused in whole or in part by the negligence of any releasees in connection with or arising from or out of my travel to or from, or out of my child's/ward's participation in this event and its related activities.
5. In the event that I sustain or my child or ward sustains an injury or illness while participating in this event or associated activities, I hereby authorize the administration to me or to my child or ward any of emergency first aid, medical treatment or surgery, or medication deemed necessary by appropriately certified medical personnel. I also give my permission to any attending medical personnel to accept the signature of my child's coach as if it were my own signature on any permission forms or other necessary medical treatment documents and I authorize medical personnel to accept the actions of my child's coach taken on my child's/ward's behalf as my own provided reasonable attempts to reach me have failed and I am otherwise unavailable.

The undersigned have read the above waiver and release, understands that he/she has given up substantial right by signing the waiver and signs voluntarily.

I have read this release and will comply with its provisions **for all events listed.**

Date: \_\_\_\_\_

Signature of participant: \_\_\_\_\_  
Print name here: \_\_\_\_\_

Signature of consenting parent or guardian of minor participant: \_\_\_\_\_  
Parent / Guardian (circle one) Print name here: \_\_\_\_\_  
Parent / Guardian Telephone number: \_\_\_\_\_