

## BRIDGER SKI FOUNDATION MEDICAL RELEASE

### COMPETITOR INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_  
Birth Date \_\_\_\_\_ City, State \_\_\_\_\_  
Father \_\_\_\_\_ Mother \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Other Emergency Contact and Phone \_\_\_\_\_

### MEDICAL INSURANCE COVERAGE (mandatory for participation in BSF programs)

Company \_\_\_\_\_ Identification \_\_\_\_\_  
Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL HISTORY

Allergies \_\_\_\_\_  
Medications \_\_\_\_\_  
Other Medical Information \_\_\_\_\_

### COMPETITOR MEDICAL RELEASE

Parent hereby authorizes Bridger Ski Foundation and/or their named coaches, and chaperones to secure any hospital, medical, dental, or surgical care, treatment and/or procedures for the above named competitor. Parent also consents that in the event of injury to the competitor, coaches or chaperones can sign for competitor to receive care, treatment and/or procedures under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility.

The coaches/chaperones shall notify parent at the earliest possible time during or after care, treatment, and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment, and/or procedures to encourage physicians and coaches and/or procedures. Parent specifically indemnifies and holds harmless Bridger Ski Foundation, coaches and chaperones from any and all costs arising out of such care, treatment, and/or procedures.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### USSA INSURANCE POLICY

FIS and USSA rules require that competitors be covered by valid and sufficient accident insurance. Proof of this insurance must be carried by the racer and be available at each race so that prompt medical care can be obtained if needed.

### AGREEMENT

We have read and understand the above Insurance Policy statement. The Insurance Policy listed on this form meets the requirement of the USSA insurance policy and will be maintained in force while the competitor is involved in a Bridger Ski Foundation, USSA/Western Region or USSA/Northern Division program or event for any expense that they or their coaches incur on behalf of the competitor.

\_\_\_\_\_  
Competitor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date