



WILLAMETTE ALPINE RACE PROGRAM

PARTICIPANT INFORMATION

Form fields for participant information: Last Name, First Name, DOB, Age, Gender, Street Address, City, State, ZIP Code, P.O. Box, Phone Number, Email Address, Mother's Name, Father's Name, Emergency Contact Name, Doctor, Medical Insurance, Policy/Group ID #.

Medical Conditions:
IN CASE OF AN EMERGENCY, I UNDERSTAND THAT A REASONABLE EFFORT WILL BE MADE TO CONTACT ME. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY THE ADULT LEADER IN CHARGE TO SECURE PROPER TREATMENT, INCLUDING HOSPITALIZATION, ANESTHESIA, SURGERY OR INJECTIONS OR MEDICATION TO MY CHILD.

Parent/Guardian Signature: Date: / /

RELEASE OF LIABILITY

I acknowledge that ski racing is a hazardous activity and that I have made a voluntary choice to participate (or permit my minor child to participate) in WARP at Willamette Pass Resort despite the risks that it presents. I agree to assume any and all risks of injury or death, which may be associated with or result from my (or my minor child's) participation in this event.

Initial Here: _____

I further agree to RELEASE FROM LIABILITY and to INDEMNIFY AND HOLD HARMLESS the organizers of this program WARP and WILLAMETTE PASS RESORT and their owners, agents, landowners, affiliated companies, and employees for damage, injury, or death to the participant or to any persons or property (whether or not caused by their NEGLIGENCE) in any way connected with the participants, preparation, or practice or my participation in the above program, including all loss, claim or damage resulting from occurring due to participant's to failure to have and/or wear a helmet which is required to participate in a WARP sponsored event.

Initial Here: _____

I, THE UNDERSIGNED, HAVE CAREFULLY READ AND UNDERSTOOD THIS AGREEMENT AND ALL OF ITS TERMS. I UNDERSTAND THAT THIS IS A RELEASE AND INDEMNITY AGREEMENT WHICH MAY PREVENT ME OR ANY OTHER PERSON FROM RECOVERING ANY DAMAGES IN THE EVENT OF DEATH OR ANY OTHER INJURY TO THE PARTICIPANT. I NEVERTHELESS ENTER INTO THIS AGREEMENT FREELY AND VOLUNTARILY AND AGREE THAT IT IS BINDING UPON ME, MY HEIRS, ASSIGNEES, AND LEGAL REPRESENTATIVES. RELEASOR (18 AND OLDER) HEREBY ACKNOWLEDGES THAT I WILL NOT BE PERMITTED TO PARTICIPATE IN ANY WARP ON SNOW EVENT WITHOUT A HELMET.

Initial Here: _____

Participant's Signature: All participants must sign, regardless of age Date: / /

Parent/Guardian Signature: For participants under 18 years of age Date: / /

WINTER PROGRAMS

Please check the Program you are applying for:
[W] WINTER PROGRAM - (W/ CAMP)
\$300 (Dec. 29, 30, 31) + (Jan. 6 - Feb. 24) Ages 7 - 14

**Online registration for USSA membership available at ussa.org for those wishing to participate in USSA races. Willamette Pass Resort Indemnity Release forms available for download at warpracing.org.

Method of Payment
Check No. _____ Please make checks payable to Willamette Alpine Race Program (WARP)
Please visit warpracing.org/join

Mail Completed Form To: Willamette Alpine Race Program, Attn: Registration, 1574 Coburg Rd #180, Eugene, OR 97401-4802
Please include completed Willamette Pass Resort Racer Indemnity Release and USSA Membership or Trial Participant forms with WARP Registration.