



WESTERN DIVISION EVENT REGISTRATION

9709 Highway 267
Truckee, CA 96161
info@psia-w.org
P: 530.587.7642
F: 530.240.6252

PARTICIPANT

First name _____ M.I. _____ Last Name _____

Member # _____ Phone # (_____) _____ - _____

Email _____ Birthdate (M/D/Y) _____

Mailing Address _____

City _____ State _____ Zip _____

Please list any physical or learning impairments for which we may need to make accommodations

EVENT

Event Name & Discipline _____ Location _____

Start Date _____ End Date _____ Are you attending the entire event? Yes No

If no, circle the days you will attend? M Tu W Th F Sa Su

Total Cost \$ _____ Yes, I would like to add a \$ _____ donation to the Education Foundation

PAYMENT

Credit Card (Visa/MasterCard/Discover) Check (made payable to "PSIA Western Division") Cash

Credit Card Acct. # _____ - _____ - _____ Exp. Date _____

Billing Zip Code _____ 3-Digit Security Code _____

SIGNATURES

I, _____, (name here) (hereinafter "Participant") am voluntarily participating in a Ski/Snowboard Event (hereinafter "Event") held by the Professional Ski Instructors of America-Western Division, also doing business as American Association of Snowboard Instructors-Western Division (hereinafter "PSIA/AASIW"). In consideration for being permitted to participate in the Event, I, for myself, my heirs, executors, administrators, and assigns, waive and release any and all rights and claims including any claim of negligence I may have or accrue against PSIA/AASI-W, and any other sponsors or co-sponsors, or their officers, representatives, agents, employees, successors and assigns (hereinafter collectively the "Released Parties") for any and all liability, claims, demands or causes of action that I may hereafter have for injuries, damages or death that I may suffer as a result of my participation in the Event, including the use of equipment provided to me and use of facilities.

I am an experienced skier/snowboarder and instructor and am aware of the risks of snowsports and risks of participating in PSIA/AASI-W events and training including, but not limited to, use of equipment in a manner not intended by the manufacturer and body movements not intended for the general public. I understand and acknowledge that involvement in the Event and all potential activities associated therewith have inherent risks as well as risks that may be created or increased by actions or negligence of others and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN THE EVENT WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.

I agree to INDEMNITY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments, and costs, including attorney's fees, incurred in connection with any action brought as a result of my participation in the Event. I will take full responsibility for, and hold harmless the Released Parties from any injury that I may suffer or inflict upon others or their property as a result of my participating in the Event.

I further represent that I am at least 18 years old, or that as the parent or (adult) legal guardian, I waive and release any and all legal rights that may accrue to me, to my minor child or the minor child for whom I am (adult) legal guardian, as the result of any injury that my minor child, the minor child for whom I am (adult) legal guardian or I may suffer while engaging in the Event and all activities associated with the Event.

_____ (initials here) I agree that my participation in the Event includes having my image photographed, videographed and published and authorize PSIA/AASI-W to take and publish such images for use in PSIA/AASI-W print, online and video-based marketing materials as well as any other PSIA/AASI-W publications. I agree that taking and publication of my image does not confer in me any right of ownership, right to royalties or right to any form of financial compensation.

X _____

Signature of adult participant or parent/legal guardian

Print Name

Date