

# Kirkwood Ski Education Foundation

## MEDICAL RELEASE FORM

Please read carefully before signing

To Participate in KSEF ski programs all athletes are required to have health and accident insurance and are required to wear a Helmet at all times while participating in KSEF activities.

\_\_\_\_\_  
Athlete's Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Parents /Guardians (Father)

\_\_\_\_\_  
(Mother)

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

### INSURANCE COVERAGE

\_\_\_\_\_  
Insurance Company Name and Address

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Identification Number

\_\_\_\_\_  
Policy Expiration Date

\_\_\_\_\_  
Insurance Company Phone Number

### ATHLETE MEDICAL RELEASE

I am the parent/guardian of \_\_\_\_\_ and I hereby authorize the Kirkwood Ski Education Foundation (KSEF) and its coaches or representatives, to secure any hospital, medical, dental, or surgical care, treatment and/or procedures for the athlete. Parent/Guardian also consents that in the event of injury to the athlete, coaches or representatives can sign for the athlete to receive care, treatment, and/or procedures, under the instructions and directions of licensed physicians on call at the emergency room of the nearest hospital or emergency facility. KSEF coaches or Medical Personnel shall notify Parent/Guardian at a reasonable time concerning such care, treatment, or procedure. Parent/Guardian knowingly and voluntarily consents in advance to such care, treatment, or procedure in order to encourage physicians and coaches to exercise their best judgment concerning the requirements of such care, treatment, or procedure. I specifically agree to INDEMNIFY, HOLD HARMLESS AND RELEASE FROM LIABILITY KSEF and Kirkwood Resort Co., including all coaches, employees and representatives from all their costs, claims, or damages of any kind, arising out of such care, treatment, or procedures. I am responsible for the athlete obtaining Physical, Impact Testing and Eye Examinations prior to participation in any KSEF Programs.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please list any allergies/medical conditions that we should be aware of:*