



P. O. Box 317  
Government Camp, OR 97028  
Phone/Fax 503-337-2230

**OFFICIAL RECEIPT AND CONFIRMATION FOR**  
**OREGON HIGH SCHOOL SPRING SKI CAMP 2017**

Thank you for registering for the Oregon High School Spring Ski Camp to be held at Timberline Lodge on April 22-23, 2017. The balance of the coaching fee/Lodging fee/Transportation fee is due on or prior to April 22, 2017 (or your particular first day training with us).

Enclosed is a Questionnaire and a Medical and a Liability Release. Each requires your signature and the signature of your parent or guardian. Please also fill out Timberline release forms as well, even if you already filled out those same forms for your high school team. Sign everything and return them all as soon as possible. We need the forms before you begin training.

**ARRIVALS**

Training will begin on Saturday, April 22 at 8:30am at Timberline Lodge in the Wy'East Day lodge near the fireplace. Please be on time. If you are staying at **The Lodges at Salmon River Meadows**, (MHSSC lodge) you can come early that morning and drop off your luggage before skiing. The Lodges is 5 miles south of Government Camp on Hwy 26 next to the Chevron gas station.

If you haven't done so already, we will need you to call us and confirm your Lodging with us prior to May 14 as space is at a premium. The cost for lodging is \$45.00 per night, which includes lodging and dinner/breakfast. There is an extra fee (\$10) for transportation to and from Timberline.

**DEPARTURES**

Training will end around 3:30 PM on Sunday, April 23. You can have your parents meet you at Timberline Lodge.

**LIFT TICKETS:**

Lift Tickets are NOT included in the coaching fee. Participants will need to purchase their own lift tickets or use their season pass or Fusion Pass.

Sincerely,

Mike Annett, Director  
Mt. Hood Summer Ski Camps, Inc.

**OREGON HIGH SCHOOL SPRING SKI CAMP 2017**  
**QUESTIONNAIRE AND MEDICAL RELEASE**

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name of parent or guardian (or person to contact in emergency): \_\_\_\_\_

Mom \_\_\_\_\_ TELEPHONE(\_\_\_\_) \_\_\_\_\_

Dad \_\_\_\_\_ TELEPHONE(\_\_\_\_) \_\_\_\_\_

**MEDICAL AND HEALTH INFORMATION**

**\*\*Each camp participant must have his own health and accident insurance.\*\***

Medical insurance plan \_\_\_\_\_ Policy # \_\_\_\_\_

Social Security number of policy holder \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Are you allergic to any medication? YES \_\_\_\_\_ NO \_\_\_\_\_ Which one? \_\_\_\_\_

Any other allergies? \_\_\_\_\_

Are you currently taking any medication? YES \_\_\_\_\_ NO \_\_\_\_\_ What? \_\_\_\_\_

Are you currently in rehabilitation for any injuries? YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes, include Doctor's release)

Date of last tetanus shot. \_\_\_\_\_

**MEDICAL RELEASE:**

I hereby grant permission for the directors of Oregon High School Winter Break Ski Camp to obtain emergency medical treatment and surgery for \_\_\_\_\_ in case of injury or illness. I recognize that all possible attempts shall be made to contact me.

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

\_\_\_\_\_  
Signature of camper or parent if under 18



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**SKI CAMP RELEASE OF LIABILITY**

1. I am aware that skiing, rock climbing, hiking and ski mountaineering are hazardous sports that include certain risks and dangers, including the risk of serious injury to me. I voluntarily accept full responsibility for all risks involved, including risks inherent in the ski area/mountain environment.
2. I accept my responsibility to ski safely at all times, to abide by the Skier Responsibility Code, and to obey all posted behavior notices and any other ski area rules and policies. Any equipment I use while skiing, I use at my own risk.
3. I agree to **RELEASE, HOLD HARMLESS, and INDEMNIFY** Mt. Hood Summer Ski Camp, Inc., and any of (their/its) employees, agents, contractors, subsidiaries, officers or owners from all claims for injury or damage resulting from any cause, including but not to exceed ordinary negligence as allowed by the state of Oregon, which arises out of participation in or travel to and from Mt. Hood Summer Ski Camp. This release is also binding as to any other persons, including all family members, heirs, and executors.
4. If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in or travel to and from Mt. Hood Summer Ski Camp. I also agree to **RELEASE, HOLD HARMLESS, and INDEMNIFY** Mt. Hood Summer Ski Camp for any claims brought by or on behalf of the minor.
5. This release does not apply to gross negligence or intentional acts.

\_\_\_\_\_  
STUDENT

DATE \_\_\_\_\_

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN IF UNDER 18



AGREEMENT OF RELEASE AND INDEMNITY  
FOR 2016-2017 SKI SEASON  
For Mt Hood Summer Ski Camps, Inc.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I acknowledge that snowskating, snowblading, skiing, snowboarding, racing, chairlifts, and the boarding and unloading process, sports event production, sports events, snowmobiles, snowcats, and related sports activities including training for such activities (collectively referred to as "Sports Activities") are HAZARDOUS activities and that I have made a voluntary choice to participate in such Sports Activities (or to allow my child to do so) despite the risks that they present. I ASSUME THE INHERENT RISKS OF THE SPORTS ACTIVITIES ON BEHALF OF MYSELF AND ANY CHILD ENTRUSTED TO MY CARE. I understand that no refunds of any fees will be given after the program, event, or session begins.

I acknowledge that as a Participant in Sports Activities I have certain duties under Oregon law (ORS 30.985) which include, but are not limited to, the following:

- I am the sole judge of the limits of my skills and ability to meet and overcome the inherent risks of Sports Activities and I will maintain reasonable control of speed and course.
- I will abide by the directions and instructions of the ski area operator.
- I will familiarize myself with the posted information on location and degree of difficulty of trails and slopes to the extent reasonably possible before using any slope or trail.
- I will not cross the uphill track of any surface lift except at points clearly designated by the ski area operator.
- I will not overtake any other participant except in such a manner as to avoid contact and shall grant the right-of-way to the overtaken Participant.
- I will yield to other participants when entering a trail or starting downhill.
- I will wear retention straps or other devices to prevent runaway equipment.
- I will not board rope tows, wire rope tows, j-bars, t-bars, ski lifts or other similar devices unless or until I have sufficient ability to use the devices, and I will follow any written or verbal instructions that are given regarding the devices.
- If involved in an accident, I will not depart from the ski area without leaving my name and address if reasonably possible.
- If I am injured (or if my child is injured) I will give notice of the injury to the ski area operator before leaving the ski area.
- I will not embark or disembark from a ski lift except at designated areas or by the authority of the ski area operator.

I agree that a violation of any of the duties set forth above entitles the ski area to withdraw my privilege of snowskating, snowblading, skiing, snowboarding, boarding or riding chairlifts or snowcats, and my right to use the equipment and facilities at the ski area. I also agree that if I violate any of these duties, this is evidence of my fault for any injuries or damages that may result.

**IN CONSIDERATION OF PARTICIPATING IN SNOWSKATING, SNOWBLADING, SKIING, SNOWBOARDING, RACE TRAINING, EVENT PRODUCTION, RACING, SPORTS EVENTS, CHAIRLIFT USE (INCLUDING LOADING AND UNLOADING), AND/OR SNOWMOBILE OR SNOWCAT TRANSPORTATION, I AGREE TO RELEASE FROM LIABILITY AND TO INDEMNIFY AND HOLD HARMLESS THE ORGANIZERS AND SPONSORS OF THE SPORTS ACTIVITIES, AND R. L. K. AND COMPANY DBA TIMBERLINE SKI AREA, AND THEIR OFFICERS AND DIRECTORS, OWNERS, EMPLOYEES, VOLUNTEERS, AGENTS, LANDOWNERS, AFFILIATED COMPANIES AND EMPLOYEES FROM ANY AND ALL CLAIMS AND LIABILITIES (INCLUDING COSTS AND ATTORNEY FEES), ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PREPARATION OR PRACTICE FOR, OR MY PARTICIPATION IN, SPORTS ACTIVITIES, OR ANY OTHER USE OF THE FACILITIES OR EQUIPMENT OF TIMBERLINE SKI AREA. THIS RELEASE AND INDEMNITY AGREEMENT IS INTENDED TO RELEASE CLAIMS AND LIABILITIES CAUSED BY THE NEGLIGENCE OF TIMBERLINE SKI AREA AND/OR THE ORGANIZERS AND SPONSORS OF ANY SPORTS ACTIVITIES OR EVENTS.**

In the event of any claims or litigation arising out of or in connection with participation in any activity at Timberline Ski Area, the venue for legal proceeding shall be Clackamas County, Oregon. If any term is declared to be invalid hereunder, the remaining terms of this Agreement shall continue to be enforceable. This Agreement is governed by Oregon law.

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 my estate from recovering damages in the event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

PARTICIPANT'S SIGNATURE:  \_\_\_\_\_

PARENT OR GUARDIAN OF PARTICIPANT (must be signed by parent or legal guardian if Participant is under eighteen (18) years of age). AS PARENT OR GUARDIAN OF THE NAMED PARTICIPANT, I HEREBY AGREE TO THE INDEMNITY PROVISIONS REFERRED TO ABOVE AND I WILL BE RESPONSIBLE FOR THE PAYMENT OF ANY MEDICAL EXPENSES INCURRED BY THIS MINOR.

PARENT OR GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

(please print)

PARENT OR GUARDIAN SIGNATURE:  \_\_\_\_\_