



BCRD

BLAINE COUNTY
RECREATION DISTRICT

**ROTARUN SKI CLUB & BLAINE COUNTY RECREATION DISTRICT
Snow Box Derby Registration and Waiver**

Participants Under 18

Childs Name _____ Age _____

Childs Name _____ Age _____

Childs Name _____ Age _____

Phone _____ Email _____

Emergency Contact _____ Emergency Phone # _____

I am the parent/guardian of the child(ren) listed below. I hereby grant permission for my child(ren) to participate in the Snow Box Derby. I recognize that because of the potentially hazardous nature of this activity, my child(ren) may sustain an injury. In the event that an injury occurs and I cannot be contacted, I give permission for treatment as needed and transport to a medical facility. I further give permission for the attending physician to render such medical treatment as would be normal and agree to pay the usual charges for such treatment.

As with many sports, I understand the Snow Box Derby carries a certain inherent risk of injury. Although these risks can be minimized by careful adherence to the rules and guidelines, they cannot be eliminated. Due to continuously changing weather and slope conditions, participants in this event must assume inherent risks associated with the event.

In consideration for my child's(ren) participation in this event, I hereby release the Blaine County Recreation District, Rotarun, and the employees, officers and agents of these entities from liability for any and all personal injuries or property damage arising out of or otherwise relating to this activity. I understand that this release applies to any present or future injuries, and that it binds my heirs, executors and administrators.

I understand that participants may be videotaped or photographed during this activity, and hereby assign and transfer all rights, title and interest in any such videotapes or photographs to the Blaine County Recreation District and Rotarun for advertising purposes.

I have read this release and understand all of its terms. I sign it voluntary and with full knowledge of its significance.

Parent/Guardian's Signature Printed Name

Amount Paid: _____ Date: _____