



## MEDICAL AND HEALTH INFORMATION

Camp Participants are required to have their own health and accident insurance.

Camp Participant \_\_\_\_\_ Birthdate \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Drugs/Allergies \_\_\_\_\_

Explain any weakness or condition, which could have a possible bearing on your performance or health while at camp \_\_\_\_\_

## RELEASE

I, the undersigned, know that skiing is an action sport, which carries significant risk of personal injury. Racing and training for racing are even more dangerous. I know there are natural and man-made obstacles or hazards, surface and environmental conditions and other risks, which, in combination with my actions, can cause very severe or occasionally fatal injury. I agree that I, as Participant, Parent or Guardian, understand and accept these risks, conditions and hazards as my responsibility. I also agree that I, not, Copper Mountain Resort, Sports Club International Inc. and/or its officials, coaches and any staff of these organizations, are responsible for my safety or the safety of my child while I participate or my child participates in or trains for these events or programs. I therefore release: Copper Mountain Resort, The Sports Club International Inc. and their respective officers, directors, agents, employees and volunteer assistants from any responsibility, and I hereby waive any and all claims, actions, demands and liability for personal injury (including death) or property damage arising out of my participation or the participation of my child in the programs and events of these organizations including without limitation transportation which I hereby authorize. I agree to hold harmless any

and all claims I, or my child, might have as a result of physical injury including death or property damage.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the The Sports Club International, Inc., its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of The Sports Club International, Inc., its employees, agents, and representatives, whether COVID-19 or other infectious diseases occur before, during, or after participation in any The Sports Club International, Inc., program.

**CONSENT**

Consent is expressly given, in the event of injury, illness, for emergency medical aid, anesthesia and or operation, if in the opinion of the attending physician such treatment is necessary. I request and authorize physicians, dentist and staff to perform any diagnostic, treatment and operative procedure and x-ray of the below minor. I have not been given a guarantee as to the results of the examination or treatment. It is understood that a reasonable effort will be made to contact a Parent or Guardian should treatment become necessary.

\_\_\_\_\_  
Camper Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date