

O.I.S.A. MEMBERSHIP APPLICATION AND AGREEMENT A-1

Name of Competitor: _____ M/F _____ Date of Birth ____/____/____ Grade _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Team Name/School _____ League _____

I know that snowboarding is an action sport carrying a significant risk of serious injury, death or property damage. I also know that there are natural and environmental conditions and risks that independently or in combination with my activities may cause property damage or severe or even fatal injuries to me or others. I agree that I alone am responsible for my safety while participating in and/or training for competitive events and specifically acknowledge that the Oregon Interscholastic Snowboard Association (O.I.S.A.), the ski area, the sponsors, the organizers, the race officials and any agent, representative, officer, director, employee, member or affiliate of any of these persons or entities are not responsible for my safety.

I further recognize that the O.I.S.A. requires the use of helmets in snowboarding competition and training activities. I recognize that O.I.S.A. does not specify or recommend any particular helmet design and that it is my sole responsibility or my parent's/guardian's, if I am under age 18, to assure that the headgear I wear is adequate.

I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand this is my sole responsibility and release all persons and entities identified above from providing coverage for me. I understand and agree that O.I.S.A. is not liable for any medical, dental, hospital or transportation bills occurring as a result of injuries incurred and that such bills will be my responsibility and/or the responsibility of my parents/guardians and our insurance providers.

I agree that I will accept and abide by the rules, regulations and restrictions of O.I.S.A., the duties of snowboarders under Oregon State Law (see sheet A-2) and any other rules, regulations and restrictions imposed by the organizers or venue of any particular competition.

I agree that if any part of the Agreement is deemed to be unenforceable, that the remaining terms and conditions shall continue to be binding.

Competitor Signature: _____ Date: _____

PARENT/GUARDIAN AGREEMENT REQUIRED WHEN RACER IS UNDER 18 YEARS OF AGE.

Parent/Guardian Full Name (PRINTED) _____

Relationship to Competitor: _____

By signing this agreement as Parent/Guardian I am consenting to the above named competitor participation in competitive snowboarding and training with O.I.S.A. and connected teams, leagues, practices, competitions and allied activities. I also understand and agree that any and all of the risks of snowboarding and its activities and allied activities, whether known or unknown, are assumed by me. I hereby agree to waive, abandon, and release the O.I.S.A. from any and all claims whatsoever, whether known or unknown, to the maximum extent permitted by law. I agree that I will provide valid and sufficient medical and accident insurance for the snowboarder participant identified above in accordance with the terms and conditions set forth above.

Parent or Guardian Signature: _____ Date: _____

*All forms are to be completed in INK and apart from signatures, all information
MUST BE PRINTED.*

Read carefully – sign in INK – keep a copy for your records – return ORIGINALS to O.I.S.A.