

**REGIONAL SKI FOR LIGHT  
AGREEMENT AND RELEASE OF LIABILITY**

*(This form is to be signed by every visually impaired person, ski guide, volunteer or any other participant associated with this Regional Activity.)*

I, \_\_\_\_\_, wish to participate in this Activity being provided, organized, or sponsored by Regional Ski For Light.

I understand that Nordic skiing is a HAZARDOUS activity, which includes falling, and that injuries are common. I understand that the sport of Nordic skiing and the use of Nordic ski equipment involve a risk of injury to any and all parts of the participant's body. I hereby agree to freely and expressly ASSUME and accept any and all RISKS of injury while participating in Nordic skiing. (Initial \_\_\_\_)

I understand that the Nordic ski-boot-binding system does not release and does not reduce the risk of injuries to the user. Prior to participating, I will fully inspect the ski-boot-binding system after being instructed in its proper use. I will not use any equipment until I find it satisfactory and any questions I have about it have been fully and satisfactorily answered.

I agree that I will release Regional Ski For Light, Ski For Light, Inc. and their officers, directors, employees, members, volunteers and agents from any and all responsibility or liability for injuries or damages to this participant in this activity, whether or not such injuries or damages result from NEGLIGENCE, products liability, terrain, collision, instruction, guiding, transportation or housing of this participant, or from any other cause. I agree NOT to make a claim against or sue these organizations or individuals for any reason whatsoever. (Initial \_\_\_\_)

I have carefully read this agreement and release of liability, or had it read to me, and fully understand its contents. I am aware that this is a release of liability and a contract and I accept its terms and sign it of my own free will.

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

**CONSENT FOR TREATMENT**

In the event that I should for any reason require any medical or surgical treatment and/or medication during the course of attendance at or participation in Regional Ski For Light, I authorize such physician or medical staff as Regional Ski For Light may appoint or designate to carry out the necessary treatment, or to take me to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for my well-being.

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

I have read the above agreement and release of liability and consent to treatment to the participant:

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

This agreement and release of liability and consent to treatment form is applicable during the event.

Location: \_\_\_\_\_ Dates of the event: \_\_\_\_\_