



JERSEY SKI & SPORTS, INC.
ADULT & YOUTH MEDICAL RELEASE FORM (2024-2025)

TRIP NAME _____ DATE: _____

NAME OF ADULT (PRINT) _____

NAME OF YOUTH (PRINT) _____

ADDRESS _____

HOME TELEPHONE NUMBER _____

AGE _____ SEX _____ DATE OF BIRTH _____

MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____

LIST ANY DRUGS THAT YOU ARE ALLERGIC TO: _____

LIST ANY ALLERGIES: _____

LIST PREVIOUS SERIOUS INJURIES OR SPECIAL MEDICAL PROBLEMS: _____

FAMILY PHYSICIAN _____ PHONE _____ IN
CASE OF EMERGENCY CONTACT: _____

NAME

ADDRESS _____

PHONE (HOME)

PHONE (WORK)

NAME OF CHAPERONE (IF CHILD IS UNDER 21 AND NOT ATTENDING WITH HIS/HERPARENT):



**JERSEY SKI & SPORTS, INC.
ADULT & YOUTH MEDICAL RELEASE FORM(2023-2024)**

RELEASE OF LIABILITY AGREEMENT

For myself, or as the parent or guardian of _____ ("Child"), a minor, I, _____ (if married, both parents must insert name and sign below), hereby authorize participation in all activities with Jersey Ski & Sports, Inc. I understand that skiing/snowboarding, and Summer activities and all of the activities relating to the training, practicing and racing are dangerous and physically demanding activities ("Activities") and that serious personal injury or death is an inherent risk of such Activities. I acknowledge and accept the inherent dangers of such physical injury or death, and I hereby agree to/allow the Child's participation in all such activities. In exchange for my/the Child's right to participate in Activities, I voluntarily agree to expressly assume all risks of injury or death to myself/the Child and I hereby release Jersey Ski & Sports, Inc. and their respective parent companies, affiliates, volunteers, officers, agents, employees, insurers and attorneys (collectively, Providers), and I agree to hold all said parties harmless from any and all claims, demands, causes of action, suits, attorneys fees, legal costs, that in any way arise out of or are related to any legal claim by Athlete, or by me or by Athlete's heirs, which are in any way connected to the Activities, including but not limited to, transportation to and from Activities. This release includes, but is not limited to the release of all claims for Negligence of Providers or any other person or cause. This agreement is binding upon my heirs, executors, administrators, and assigns. I acknowledge this agreement is governed by the applicable laws of the State of New Jersey and shall continue in force and effect through all activities in any way connected to the Jersey Ski & Sports, Inc. I agree that any action involving parties or issues relating to, or arising out of this agreement must be instituted and prosecuted in the courts of New Jersey. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision

and of the entire agreement is severable and shall remain in effect. I/We have read and understand this release and voluntarily, willingly and knowingly have executed this release as evidence of our agreement to all of its terms.

Dated _____ X
Dated _____ X

Note: Both

parents must sign. If a single parent or single permanent custodial parent is responsible, then he/she must execute below. I represent to the parties released that I am the sole parent/custodial parent/legally authorized guardian of the Child and hereby agree to all of the above release terms and conditions.

Dated _____ X

POWER TO AUTHORIZE MEDICAL TREATMENTS:

For myself, or as the parent or legal guardian of the Child, I recognize that medical treatment may become necessary during the Child's travel and participation in Activities with Jersey Ski & Sports, Inc. In order to avoid delay in medical treatment, I HEREBY EMPOWER THE TRIPLEADER AND/OR BOARD MEMBERS of Jersey Ski & Sports, Inc. to authorize on my/the Child's behalf recommended medical treatment, medical transportation, and surgical care for myself/the Child.

This AUTHORIZATION is complete in and of itself and is fully operative upon my signature for the duration of my/the Child's participation in Activities with Jersey Ski & Sports, Inc.

Dated _____ X
Dated _____ X
Family Doctor _____
Phone _____ Address _____
Health Insurance Provider _____ Insurance _____
Member No. _____

A LEGIBLE COPY OF YOUR INSURANCE CARD MUST ACCOMPANY THIS FORM