METROPOLITAN MILWAUKEE SKI COUNCIL, INC.
LIABILITY WAIVER

This form must be completed and on file with MMSC prior to participation in any MMSC activity.

NAME OF EVENT: ____MMSC SENIOR ALPINE SKI RACING_____

DATE OF EVENT: _____2022-2023 SKI RACE SEASON_____ (specific date, or year/season)

If signed for a seasonal event, this liability waiver and acknowledgment, and all signatures thereto, shall be valid for all competitions, practices and meetings concerning the season named.

NAME of participant: _____   PHONE:

ADDRESS: _____ (h)_____
(street)

_____ (w) _____
(city, state, zip)

BIRTH DATE: _____ (c) _____

SKI CLUB: _____ EMAIL ADDRESS: _____

By signing this form (and my parent or guardian acknowledges, if the participant is under 21 years of age), I certify that I understand that the activities in which I will participate carry inherent risks of accident, personal injury and/or death. I know that participation in sporting and recreational activities increases these risks of potentially severe injury; that there are natural and man-made obstacles and hazards, and surface and environmental conditions at the site of such activities, which may compound the risks; that transportation to and from any event or activity creates its own additional risks; and that neither Metropolitan Milwaukee SkiCouncil, Inc. ("MMSC") nor its members and/or representatives can control these risks.

I therefore agree that I am totally responsible for my safety while participating in all aspects of the MMSC activity named above. In the event of any injury, I acknowledge that I have assumed all the risks of same, and I will not hold MMSC, its member organizations, or any of their representatives or agents liable for such injury, except in the case of their own willful misconduct.

I further certify that I have received a copy of, and agree to abide by the MMSC ALPINE RACING PROCEDURES AND RULES.

I HAVE CAREFULLY READ THIS "LIABILITY WAIVER", AND I UNDERSTAND COMPLETELY WHAT IT SAYS. I AM SIGNING THIS WAIVER VOLUNTARILY IN ORDER TO PARTICIPATE IN THIS MMSC ACTIVITY.

_____ _____
(signature of participant) (date)

If under 21 years of age with a minimum of 10:

ACKNOWLEDGEMENT OF PARENT OR GUARDIAN

I agree that I am totally responsible for the safety of the above-named participant while participating in all aspects of the MMSC activity named above. In the event of any injury, I acknowledge that we (the participant and I) have assumed the risks of same, and we will not hold MMSC, its member organizations, or any of their representatives or agents liable for such injury, except in the case of their own willful misconduct. I will be present at any MMSC activity during my child's participation if my child is under 18 years of age.

I HAVE CAREFULLY READ THIS "LIABILITY WAIVER" AND I UNDERSTAND COMPLETELY WHAT IT SAYS. I AM SIGNING THIS WAIVER VOLUNTARILY IN ORDER TO ALLOW MY CHILD TO PARTICIPATE
IN THIS MMSC ACTIVITY.

_____ _____
(signature of parent or guardian) (date)