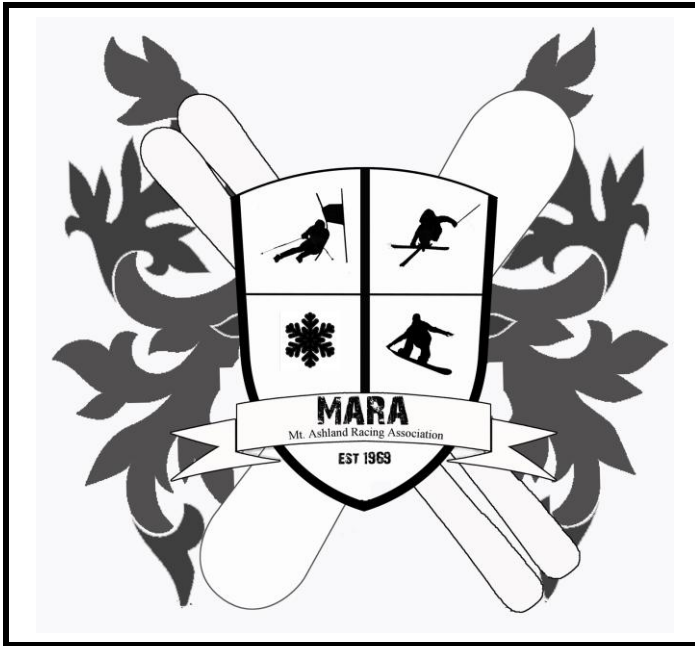


# ATTENTION ALL RIDERS



**MARA Proudly presents its second  
season of  
*SNOWBOARDING INSTRUCTION***

The Mount Ashland Racing Association (MARA) is a nonprofit organization dedicated to teaching young people to love **skiing, ski racing** and **SNOWBOARDING!**

Our goal is to develop responsible, strong and skilled skiers, boarders and competitors.

**Mount Ashland Racing  
Association**

PO Box 3105  
Ashland, Oregon 97520  
Phone (541) 482-5331  
Fax (541) 482-5332  
[mtashlandracing@gmail.com](mailto:mtashlandracing@gmail.com)  
[www.mtashlandracing.com](http://www.mtashlandracing.com)

## APPLICATION

Athlete Name \_\_\_\_\_

Age \_\_\_\_\_ Years Boarding \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### Snowboarding Program

before 11/15

before 12/15

[ ] Holiday Camp      \$120\*      \$140  
[ ] Sunday Program    \$350\*      \$395

\*May pay fees in two payments. 50% by Nov 15 and 50% by Dec 15

### Fee Worksheet

Program Fees (total from page 1)      \$ \_\_\_\_\_  
**Less** 10% discount if additional child    \$- \_\_\_\_\_  
**Plus** \$25 Late fee if after Dec 15<sup>th</sup>      \$ \_\_\_\_\_  
New Total      \$ \_\_\_\_\_  
Tax Deductible Scholarship Donation: \$ \_\_\_\_\_  
10 Raffle Tickets (\$10 each)      \$ 100

**Total Enclosed:** \$ \_\_\_\_\_

**+ \$150 check to MARA for Fundraising Deposit**  
*(Remember, help out and the check is never cashed!)*

Bank Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Send Payment and Application to:  
Mt. Ashland Racing Association  
PO Box 3105  
Ashland, Oregon 97520

**Fee Discount Deadline: November 15, 2010**  
**\$25 Late Fee after: December 15, 2010**

## **LIABILITY RELEASE AND INDEMNITY AGREEMENT**

I acknowledge that snowboarding is a hazardous activity and that I have made a voluntary choice to participate in the MARA Program at the Mt. Ashland Ski Area despite the risks that it presents. I agree to assume any and all risks of injury or death which may be associated with or result from my participation. I further agree to **RELEASE FROM LIABILITY** and to **INDEMNIFY AND HOLD HARMLESS** the organizers (MARA and MT ASHLAND ASSOCIATION d.b.a. SKI ASHLAND) and their owners, agents, landowners, affiliated companies and employees from any and all claims by or on behalf of myself and/or the participant arising out of or related to competing, training, instruction, conditioning, use of ski area premises or facilities, and/ or travel to and from activities, including any and all loss, claim or damage resulting from or occurring due to participant's failure to have and/or wear a helmet, which is required to participate in a MARA sponsored event. Despite this requirement, I understand that helmets are not designed to prevent injury under all circumstances and that use of a helmet is no guarantee for my safety.

I, THE UNDERSIGNED, HAVE CAREFULLY READ AND UNDERSTOOD THIS AGREEMENT AND ALL OF ITS TERMS. I UNDERSTAND THAT THIS IS A RELEASE AND INDEMNITY AGREEMENT WHICH MAY PREVENT ME OR ANY OTHER PERSON FROM RECOVERING ANY DAMAGES IN THE EVENT OF DEATH OR ANY INJURY TO THE PARTICIPANT. I, NEVERTHELESS, ENTER INTO THIS AGREEMENT FREELY AND VOLUNTARILY AND AGREE THAT IT IS BINDING UPON ME, MY HEIRS, ASSIGNS AND LEGAL REPRESENTATIVES. RELEASOR HEREBY ACKNOWLEDGES THAT I WILL NOT BE PERMITTED TO PARTICIPATE IN ANY MARA SPONSORED EVENT WITHOUT A HELMET.

Participant Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## **ATHLETE MEDICAL RELEASE AND INSURANCE AGREEMENT**

Parents and athlete hereby authorize MARA and/or its designated coaches to secure any hospital, medical, dental, or surgical care, treatment and/or procedures. Parent also consents that in the event of injury to the athlete, coaches can sign for the athlete to receive care, treatment and/or procedures under the instructions and directions of the licensed physician on call at the emergency room of the nearest hospital or emergency facility; but parents and athlete will pay for such care, treatment, and procedures.

## **ATHLETE MEDICAL RELEASE AND INSURANCE AGREEMENT**

MARA or designated coach will notify parent at the earliest possible time during or after such care, treatment, and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment or procedures to encourage physicians and/or coaches to exercise their best judgment as to the requirements of such care, treatment or procedures. **Athlete and Parent hereby specifically indemnify and agree to hold harmless MARA and Ski Ashland, and their respective directors, employees, agents, volunteers, and coaches from all cost or any claim arising out of/ or in connection with such care, treatment and/or procedures.**

MARA requires that athlete be covered by valid and sufficient medical insurance. Parent agrees to provide this information to MARA so prompt medical care can be obtained if needed.

For the consideration of snowboarding competitions, instruction, and training performed by MARA, the athlete and parent/legal guardian do hereby covenant and agree to hold harmless and indemnify MARA and Ski Ashland and their respective directors, employees, volunteers, agents and coaches for any injury sustained by athlete/child/ward occurring or arising out of activities of snowboarding, instruction, competing, training, or traveling to and from competitions or training. This indemnity includes claims based on negligence.

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Athlete \_\_\_\_\_ Date \_\_\_\_\_

## **INSURANCE INFORMATION**

Primary Insurance \_\_\_\_\_

ID/Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

ID/Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Medical Information \_\_\_\_\_