



## INDIVIDUAL MEMBERSHIP APPLICATION

Please mail completed applications with check to:  
MARA P.O. Box 953 Medford OR 97501

Athlete's Name

Date of Birth

Parent/Guardian Name

Phone

Email

Parent/Guardian Name

Phone

Email

Address

City

State

Zip

PROGRAMS & FEES		
<input type="checkbox"/> EVO	Saturday Only 6 Weeks	\$300
<input type="checkbox"/> EVO	Sunday Only 6 Weeks	\$300
<input type="checkbox"/> EVO	Saturday Only 13 Weeks	\$600
<input type="checkbox"/> EVO	Saturday & Sunday 13 Weeks	\$1,200
<input type="checkbox"/> Race	Saturday Only 13 Weeks (for 12yr. olds or younger)	\$600
<input type="checkbox"/> Race	Saturday & Sunday 13 Weeks	\$1,200
<input type="checkbox"/> Race	Saturday & Sunday and one other full day 13 Weeks	\$1,675
<input type="checkbox"/> Race	5 Day 13 Weeks	\$2,600
<input type="checkbox"/> Masters	4 hrs. Friday Morning 13 Weeks	\$500
<input type="checkbox"/> Masters	2 hrs. Friday Morning 13 Weeks	\$300
<input type="checkbox"/> Women's Ski Fit	2 hrs. Sunday Morning 7 Weeks	\$200
<input type="checkbox"/> Freestyle	Sunday Only 13 Weeks	\$600
<input type="checkbox"/> Thursday	Thursday Night Slalom 13 Weeks	\$300

FEE WORKSHEET		
Program Fees		\$
Raffle Tickets	10 Raffle Tickets (\$10 each)	\$100
<b>Total</b>		<b>\$</b>

**PLEASE ENCLOSE TWO SEPARATE CHECKS WRITTEN TO MARA FOR \$150 FOR THE AUCTION DEPOSIT (ONE PER FAMILY) AND \$100 FOR THE WORK DEPOSIT (ONE PER FAMILY).**

### LIABILITY RELEASE AND INDEMNITY AGREEMENT

I acknowledge that skiing 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. Releasors hereby acknowledges that I will not be permitted to participate in any MARA sponsored event without a helmet.

**Participant Signature (All participants MUST sign!)**

**Parent Signature**

### MEDICAL 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. 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 ski racing, 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 ski racing, instruction, racing, training, or traveling to and from races or training. This indemnity includes claims based on negligence.

**Parent/Guardian**

**Date**

**Primary Insurance**

**ID/Policy Number**

**Name of Insured**