



DANBURY SKI CLUB
RELEASE AND INDEMNIFICATION
AGREEMENT

The undersigned acknowledges and understands that the **Danbury Ski Club, Inc.** has arranged or will arrange, for various ski trips and/or outings and/or activities and/or meetings, etc., in which the undersigned will participate.

The undersigned acknowledges and understands that the trips, outings, activities, meetings, etc., in which the undersigned will engage involve a risk of injury to the person and/or property of the undersigned. The undersigned also acknowledges and understands that there may be unknown and/or unanticipated risks and/or injuries and in executing this document, the undersigned agrees that this Release and Indemnification Agreement is intended to include these risks and/or injuries.

Now, in consideration of the **Danbury Ski Club Inc.**, allowing the undersigned to participate and/or attend any trips and/or outings and/or activities and/or meetings, etc., the undersigned hereby agrees to save harmless and indemnify the said **Danbury Ski Club, Inc.** of and from any and all claims and expenses, including reasonable attorney's fees, arising because of or out of any claim which may hereafter be presented by anyone for loss and/or damage of any kind, including but not limited to personal injuries, as a result of any activities involving the **Danbury Ski Club, Inc.**, in any way.

The undersigned acknowledges and agrees that this Release and Indemnification Agreement shall apply to agents, servants, successors, executor, administrators and/or assignee of the parties.

The undersigned declares and represents that no promise or agreement not expressed herein has been made and that this document contains the entire agreement between the parties.

Trip/Activity:

The undersigned has read the foregoing release and indemnification agreement and fully understands it.

Signed this _____ day of _____, _____

Name: _____

Signature: _____

(Parent or guardian signature if under 18 years of age)



EMERGENCY INFORMATION

Trip/Activity: _____

Name: _____

Birth Date: ___/___/___

Address: _____

Phone No: (____) ____ - ____

Passport Number (if travelling outside USA): _____

Emergency Contact: _____

Relationship: _____

Address: _____

Phone No: (____) ____ - ____

Medical Alert Information: _____

Required Medications: _____

Allergies: _____

Blood Type: _____

Personal Physician: _____ Phone No: (____) ____ - ____

Insurance Company: _____

Group Number: _____

ID Number: _____

In an emergency, I hereby authorize medical treatment.

Name: _____ Date: ___/___/___

Signature: _____

(Parent or guardian signature if under 18 years of age)