



Adult (Age 18 & over)

Ski Program - Registration Form

In Consideration of My Adult (Age 18+) Participation In the Ski Program Being Offered By Churchill County

Ski Participant's Information

Name _____

Mailing Address _____ City _____ Zip _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Employer _____

E-mail Address _____

Do you need an accommodation because of disability to enjoy this program (please circle)? YES NO

If yes, please explain: _____

Please list any needs, limitations, or allergies: _____

Do you require medication during the hours of this program? YES NO (attach medication release form)

Emergency Contact:

Name _____ Relationship to Participant _____

Phone (H) _____ Phone (W) _____ Cell # _____

I, the undersigned, agree to hold Churchill County, and all those instructors and assistants, and/or other person(s) or organizations connected with the Ski Program, harmless and free from all liabilities, suits, claims, or demands of every kind and character arising out of and in connection with the program being provided by Churchill County. I acknowledge that this program includes physical activities that may carry with it the potential of serious injury, minor injury, and death. The risks include, but are not limited to, those caused by physical contact between participants, facilities, and terrain. Churchill County will not be held responsible for illness or injury sustained by my child while in the program or in travel to and from the program. In case of an accident or serious illness, I hereby authorize Churchill County and the Ski Program Representative to make whatever arrangements deemed necessary for medical assistance. I agree to pay for such medical care.

_____ **PHOTO RELEASE.** I also understand that due to the nature of this program, I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this Hold Harmless Agreement I authorize the use of any photos or video taken during this program.

_____ **Initials** I agree to pay a returned check fee of \$25.00 for each returned check/payment, which is returned unpaid, **Initials** for any reason, by my bank or financial institution.

Participant's Signature

Date



Churchill County Facilities, Parks and Recreation Department

325 Sheckler Road Fallon, NV 89406 (775) 423-7733 (775) 423-7734 Fax

TO: DIAMOND PEAK MEDICAL CARE CENTER

Please be advised that I/my child/ward is a member of the Churchill County Ski Program

I hereby, give permission to the Diamond Peak Medical Care Center to diagnose and treat any injury or illness incurred by myself/my child/ward on the premises of Diamond Peak Ski Resort during the season of the Churchill County Ski Program.

_____	_____	_____	_____
Printed Name of Participant	Age	Height	Weight

Mailing Address		City	Zip

Parent/Guardian Contact Name	Home Number	Cell Number	Work Number

Parent/Guardian Contact Name	Home Number	Cell Number	Work Number

Emergency Contact Name	Home Number	Cell Number	Work Number

Alternate Emergency Contact Name	Home Number	Cell Number	Work Number

Policy holder's employer: _____ (If applicable)

Policy holder's name: _____

Policy holder's insurance ID#: _____

Insurance company name: _____

Insurance company address: _____

Insurance company phone #: _____

**** Participant { OR } Parent/Guardian's Signature** **Date**

** (Parent/Guardian must sign, if participant is a minor)

Physical limitations/allergies: _____
