



**Polonijne Mistrzostwa Lekarzy
w Narciarstwie Alpejskim
KS “Bronek”**

**POLISH PHISICIAN
ALPINE SKI CHAMPIONSHIP**

Waiver of Liability

Please Read Carefully:

I, _____, **HEREBY ACKNOWLEDGE** that ski racing
(Print Name)

is a dangerous sport which can lead to serious injury, or even death. I understand and agree to personally assume any and all of the liability and risk of Alpine Racing.

Further, I agree on behalf of myself, my heirs, survivors, guardians, legal representatives, or assignees to **HOLD HARMLESS AND RELEASE** the KS “Bronek”, Polish American Medical Society, it’s officers, organizers, and representatives from any responsibility or liability for any and all personal injuries or death which I may suffer during and as results of my participation in the Physician Alpine Ski Championships.

By my signature I indicate that I have read and understood this **WAIVER OF LIABILITY** and agree to its terms.

_____ Racer Name (print)	_____ Date	_____ Racer Signature
_____ Parent Name (print)	_____ Date	_____ Parents Signature For Minor

E-mail: _____

Tel: _____