



Polonijne Mistrzostwa Lekarzy w Narciarstwie Alpejskim
POLISH PHISICIAN ALPINE SKI CHAMPIONSHIP

Registration

Name: (Last, First) _____

Phone: _____ Date of Birth _____ Age _____

**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: _____