



# MAINE WINTER SPORTS CENTER PARTICIPANT BIOGRAPHY & LIABILITY WAIVER

Date: \_\_\_\_\_ Program Name: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Gender: Male Female Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

US Citizen: Yes No If No, what nationality? \_\_\_\_\_

## PARTICIPANT'S EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

## MWSC Waiver and Release of Liability

Aware of the risks of serious injury and/or property damage arising from participation in wilderness travel, including but not limited to backcountry skiing, backpacking, canoe tripping, and mountain biking and associated activities, including travel (collectively, the "Activities"), I, the below-named participant (the "Participant") (or, in the event the Participant is under the age of 18, the undersigned parent or guardian of the Participant, for myself and on behalf of the Participant), agree as follows: I hereby **RELEASE** and agree to **INDEMNIFY, HOLD HARMLESS AND, if requested by Maine Winter Sports Center, DEFEND** Maine Winter Sports Center, each and every other person and/or entity that owns, operates or otherwise makes available any of the properties where any of the Activities take place, all of the respective owners, directors, trustees, officers, employees, agents, and affiliates of each of the foregoing persons and/or entities, and any and all coaches, officials, sponsors, organizers, advertisers, volunteers, and equipment suppliers associated with the Activities (collectively, the "Releasees"), from and against any and all claims, liabilities, damages, losses, costs and expenses (including reasonable attorneys' fees) arising out of or resulting from, directly or indirectly, my (or in the event the Participant is under the age of 18, the Participant's) participation in any of the Activities, including, without limitation, those arising out of or resulting from personal injury (including disability or death) and property damage (collectively, "Claims and Liabilities"), regardless of cause, **INCLUDING ANY AND ALL CLAIMS AND LIABILITIES WHICH ARISE OUT OF OR RESULT FROM ANY ACTIONS OR OMISSIONS, INCLUDING NEGLIGENCE**, on the part of any of the Releasees.

**I understand and voluntarily agree to the terms of this agreement and agree that each and every person and entity constituting one of the Releases is expressly intended to be and is hereby made a beneficiary of this agreement.**

Printed Name of Participant: _____	_____, 20__
Signature of Participant (or Signature of Parent/Guardian if Participant is under the age of 18)	Date

# MWSC HEALTH FORM

Name of participant \_\_\_\_\_

Name of primary care physician: \_\_\_\_\_

Health Insurance and policy number: \_\_\_\_\_

Parents/Guardians names and emergency phone numbers: \_\_\_\_\_

**Please circle correctly**

Environmental allergies:      No                      Yes, please specify  
\_\_\_\_\_

Food Allergies                      No                      Yes, please specify  
\_\_\_\_\_

Allergies to medication              No                      Yes, please specify  
\_\_\_\_\_

Asthma?                              No                      Yes, please specify inhaler  
\_\_\_\_\_

Regular medication?              No                      Yes, please specify  
\_\_\_\_\_

Medical or health concerns?      No                      Yes, please specify  
\_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**For participants under age 18:**

\_\_\_\_\_  
Parent/Guardian full name (in print)

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date