



2685 Sidewinder Drive Park City, UT 84098 www.axisfreeride.com info@axisfreeride.com phone: (801) 550-1309 FAX: (435) 940-0799

MEMBERSHIP APPLICATION

Athlete Information:

Name: _____ Male _____ Female _____ Date of Birth: _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone:(____) _____ Athlete Cell phone:(____) _____ USSA#: _____

Email: _____

Mother's Information:

Name: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Employer: _____ Work phone:(____) _____

Home phone:(____) _____ Cell phone:(____) _____

Email: _____

Father's Information:

Name: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Employer: _____ Work phone:(____) _____

Home phone:(____) _____ Cell phone:(____) _____

Email: _____

Emergency Contact: Must be someone other than parents.

Name: _____ Relationship to athlete: _____

Home phone:(____) _____ Cell phone:(____) _____ Work phone:(____) _____

Photo Release:

I give my permission to AXIS Freeride to take photographs and use photos and or other digital reproductions for publication purposes, whether electronic, print, digital or electronic publishing via the Internet for promotional purposes.

Medical Release:

Medical insurance is required to participate in all AXIS Freeride, Inc. (AFI) activities. In case of emergency, I hereby authorize AFI coaches or officials to assume any and all medical responsibility of me or my minor child. I authorize AFI to obtain medical care for, or transportation to a medical facility or hospital if, in the opinion of AFI, medical attention is required and I or my child are unable to make decisions. I agree to pay all costs associated with such medical care and related transportation and shall defend, indemnify and hold harmless AFI of or from the consequences of such decision and from any such costs incurred relating to the provision of medical care. I understand that no insurance coverage is provided by AFI.

Athlete or Parent/Guardian signature (if under 18): _____ Date: _____

Insurance Co.: _____ Policy #: _____

Group #: _____ Insurance phone:(____) _____

Acknowledgment of Risk:

I understand that skiing and ski competition are potentially hazardous activities and may subject me or my minor child to the risk of severe injury and death, even if the advice and instructions of AXIS Freeride, Inc. (AFI) are followed. I fully acknowledge and voluntarily accept these risks. Any injuries or loss of property that may occur while under the supervision of AFI are not the responsibility of AFI or its coaches or officials. I hereby unconditionally waive and release any and all claims and agree to hold harmless, defend and indemnify AFI from any claims, present or future, to me or my property, or to any other person or property, for any loss, damage, expense or injury (including death), suffered by any person from or in connection with my or my minor child's participation in any activities in which AFI is involved in any way, due to any cause whatsoever, including negligence and/or breach of express or implied warranty on the part of AFI.

Athlete or Parent/Guardian signature (if under 18): _____ Date: _____