

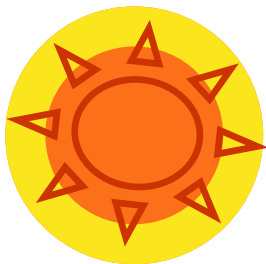
Dave Lyon

Ski Portillo!

Race Camps

Attendee Name		Gender M/F	Date of Birth	Attendee Cell #	Email Contact	
#1						
#2						
Mailing Address:						
City:				State:		
Zip:						
Emergency Contact #1 Name:				Emergency Contact #2 Name:		
Cell #:				Cell #:		
Home #:				Home #:		
Email:				Email:		
Flight Info+	Date	Depart Time	Arrive Time	Airline	Flight #	
To Chile						
To USA						
Program	Dates	Price	Deposit		Balance	
Camp	Aug 3 - 10, 2012	\$4200	\$2950 Due: May 15 <i>Non-refundable</i> Payable to: Lyon Ski School Mailed with registration forms to: PO Box 2926 Woodinville, WA 98072		Balance due (TBD) July 30 Payable to: Lyon Ski School Mail to: PO Box 2926 Woodinville, WA 98072	

* Unpaid balances owing for travel/race expenses or for a balance owing on camp, will be subject to a 10% late fee, incurred monthly until paid in full. + Flight info due by July 30.



Dave Lyon

Race Camps

Ski Portillo!

Camper #1 Name: _____

Select <input checked="" type="checkbox"/>		Date	Price	Payments
Camp		Aug 3-10	\$4200	\$2950 Deposit due by May 15 to secure your space. Balance owing for camp due July 30.
				Unpaid balances for camp and/or travel/race will be assessed a 10% late payment fee, incurred monthly until p aid in full.

Camper #2 Name: _____

Select <input checked="" type="checkbox"/>		Date	Price	Payments
Camp		Aug 3-10	\$4200	\$2950 Deposit due by June 15 to secure your space. Balance owing for camp due July 30.
				Unpaid balances for camp and/or travel/race will be assessed a 10% late payment fee, incurred monthly until p aid in full.

Payment options: *select one*

- Money Order: Made to: **Lyon Ski School**
- Personal Check (\$35 fee will be assessed for each returned check)
Checks can be made out to: **Lyon Ski School**
- Credit Card payment. ***4% handling fee will be added to all credit card payments.**

Credit card number: _____ Exp. Date: _____

Name on Card: _____

I acknowledge, understand and agree to the following: (1) in Consideration of my/our participation in the PORTILLO CAMP, upon submitting a deposit, I am responsible for paying the balance owing REGARDLESS OF WHETHER OR NOT I/WE ATTEND. (2) There are no refunds for any reason. (3) I have been advised to purchase trip insurance. (4) If the total due to Lyon Ski School is not paid by **July 30**, then I/WE will not be allowed to participate in PORTILLO CAMP until camp fees are paid in full. *All refunds are subject to a \$100 administration fee.*

Participant #1 Signature Date

Participant #2 Signature Date

Lyon Ski School/Dave Lyon Race Camps Release of Liability

Athlete Name: _____

1. I am aware that skiing/snowboarding is a hazardous sport that includes certain risks and dangers, including the risk of serious injuries. I voluntarily accept full responsibility for all risks involved, including risks inherent in skiing/snowboarding and in the ski area/mountain environment. _____ (initial here)

2. I accept responsibility to ski /snowboard safely at all times, to abide by the Our Responsibility Code, and to obey all posted behavior notices and any other Lyon Ski School, Inc., or ski area rules and policies. Any equipment I use while skiing/snowboarding, I use at my own risk. _____ (initial here)

3. I agree to RELEASE, HOLD HARMLESS AND INDEMNIFY Lyon Ski School, Inc., Dave Lyon Race Camps & any of (their/its) employees, agents, contractors, subsidiaries, officers or owners from all claims for any injury or damage resulting from any cause, including negligence which arises out of my participation in or any travel to or from Lyon Ski School, Inc. and/or Dave Lyon Race Camps. This release is also binding as to any other person, including all family members, heirs, and executors. _____ (initial here)

4. If I am signing on the behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in or travel to and from Lyon Ski School, Inc., Dave Lyon Race Camps and Steven's Pass Ski Area. I also agree to HOLD HARMLESS and INDEMNIFY Lyon Ski School, Inc., Dave Lyon Race Camps and Steven's Pass Ski Area for any claims brought by the minor. _____ (initial here)

5. This release does not apply to gross negligence or intentional acts.

6. I, as parent or guardian of the above named student(s), do hereby grant Lyon Ski School, Inc. and Dave Lyon Race Camps, its employees, or agents, the right to print, photograph, videotape, and/or record the image, likeness of the above named student alone or in groups, on video, film, or any other electronic and printed formats as desired for use in any and all media, now or hereafter known, and exclusively for the purpose of marketing. I do hereby release to Lyon Ski School, Inc, and Dave Lyon Race Camps its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of the likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I hereby release and hold harmless the Lyon Ski School Inc., Dave Lyon Race Camps and their authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the student and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above. _____ (initial here)

Athlete Signature

Date

Parent/Legal Guardian Name (if under 18 yrs) **(please print)**

Parent/Legal Guardian Signature (if under 18 yrs)
(required if under 18 years of age)

Date

Lyon Ski School/ Dave Lyon Race Camps : **Medical Information Form & Permission to Treat**

Athlete's name: _____

Medical Information:

Family Doctor: _____ Phone # _____

Home Address: _____

Describe any current medical condition (s) or special medications, and allergies:

Describe any recent injuries including but not limited to head injury/concussion within the past 12 months:

Insurance Information

Medical Insurance Company: _____ phone: _____

Address: _____

Policy #: _____ Group #: _____

Policy Holder: _____

Global Rescue Insurance Information

Policy #: _____ Group #: _____

Policy Holder: _____

Emergency Contact Information: Accessible from Chile/Argentina

Name: _____ phone: _____

Relationship: _____

Name: _____ phone: _____

Relationship: _____

Medical Release:

We do hereby authorize any licensed physician and/or responsible staff member of any hospital in any state to administer whatever treatment of _____ (athlete's full name). We consent to any examination, administration of any medication or anesthetic and medical and/or surgical treatment or other hospital services rendered under the general or special instruction of such physician or hospital staff person. This release is valid from June 1, 2013 through May 31, 2014. Every attempt will be made to contact parents or a legal guardian of athlete in the event emergency medical care is needed. Some hospitals, however, will not accept verbal authorization for treatment.

You have my consent to treat _____ (athlete) in an emergency situation.

Participant Signature: _____ Date: _____