

**WOODSTOCK SKI RUNNERS**  
**HEALTH RELEASE FORM**  
*(Please return with Registration Form)*

Skier's Name \_\_\_\_\_

**EMERGENCY INFORMATION:**

Parent: \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Parent: \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

(Please use SAME emergency contact listed on registration form)

I hereby give permission for my son(s)/daughter(s) \_\_\_\_\_, to receive medical assistance, should it be required, while under the supervision of the Woodstock Ski Runners including but not limited to all events or functions relating to Woodstock Ski Runners. I understand that the Woodstock Ski Runners and the Suicide Six ski area will be held in no way responsible for the treatment given by local ambulance, doctors or hospitals.

➤ **PARENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I give permission for emergency medical treatment if a parent can not be reached.**

➤ **PARENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSURANCE PROVIDER** \_\_\_\_\_

**Certificate Number** \_\_\_\_\_ **Subscriber** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

I hereby give permission for (skier's name) \_\_\_\_\_ to participate in \_\_\_\_\_ (name of sport). I understand that in all ski events injuries unfortunately may occur and that some of these injuries, although statistically rare, can be catastrophic in nature and can result in severe injury including death.

➤ **PARENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Woodstock Ski Runners P.O. Box 171 S. Pomfret, VT 05067*  
802-457-2971 / [office@skirunners.org](mailto:office@skirunners.org) / [www.skirunners.org](http://www.skirunners.org)