



**PNW MEDICAL RELEASE**

**2025 - 26**

WE DO HEREBY AUTHORIZE any licensed physician and/or responsible staff member of any hospital in any state to administer whatever medical or surgical treatment, or therapeutic procedures they deem necessary for the diagnosis and treatment of \_\_\_\_\_ (THE SKIER). 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 or supervision of such physician or hospital staff person. This release is valid for the period from July 1, 2025 to June 30, 2026.

Every effort is made to contact parents or legal guardians of SKIER in the event emergency medical care is needed. Some hospitals, however, will not accept verbal authorization for treatment. Therefore, we suggest that parents fill out this form and send it to the PNW Office.

SKIERS WHO WISH TO PARTICIPATE IN DIVISIONAL PROJECTS MUST SUBMIT THIS COMPLETED FORM.

INSURANCE CO.: \_\_\_\_\_ POLICY # \_\_\_\_\_

Please list any medical conditions your racer has that the Coaching Staff should be aware of. (Drug Allergies, Diabetes, Heart Trouble, Asthma, Medications, Injuries, Food Allergies, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of Emergency, please notify:

NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_

DATED: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Signature of the Skier / Athlete)

ADDRESS: \_\_\_\_\_ Phone (Wk) \_\_\_\_\_

\_\_\_\_\_ Phone (Hm) \_\_\_\_\_

\_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ FAX: \_\_\_\_\_



## PNW RELEASE OF LIABILITY

- 1) I am aware that skiing/snowboarding is a hazardous sport that includes certain risks and dangers, including the risk of serious injury to me. I voluntarily accept full responsibility for all risks involved, including risks inherent in skiing/snowboarding and in the ski area/mountain environment.
- 2) I accept my responsibility to ski safely at all times, to abide by the Skier Responsibility Code, and to obey all posted behavior notices and any other ski area rules and policies. Any equipment I use while skiing, I use at my own risk.
- 3) I agree to RELEASE, HOLD HARMLESS AND INDEMNIFY PNW Division and the WA, ID, OR, NV, CA, WY, MT, UT USA, or AB, BC CAN Ski Area(s) and 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 participation in or travel to and from PNW Division. This Release is also binding as to any other persons, including all family members, heirs, and executors.
- 4) *If you are enrolling a minor child in a PNW Division Project, please read and understand the following:* As part of PNW Division instruction and skiing/snowboarding, your child will ride the chairlifts. The PNW Division and/or ski area cannot guarantee that your child will ride the chair lift with any particular person. Your child may ride the lift with a student, instructor, a member of the public or may ride the lift alone. If this is not acceptable, please do not enroll your child in a PNW Division project. By enrolling your child in a PNW Division project you understand and agree to have your child ride the lift with another ski school student, a member of the public, with an instructor or alone.
- 5) If I am signing on 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 a PNW Division Project. I also agree to RELEASE, HOLD HARMLESS AND INDEMNIFY the WA, ID, OR, NV, CA, WY, MT, UT USA, or AB, BC CAN Ski Schools/Clubs for any claims brought by or on behalf of the minor.

Student \_\_\_\_\_

Date \_\_\_\_\_

DOB                                    /    /

\_\_\_\_\_  
Parent/Legal Guardian if under 18 yrs. of age

Date \_\_\_\_\_

Print Parent/Legal Guardian name here: \_\_\_\_\_

Please return this form to the PNW office via email or USPS.

Email = [pnw@pnwdivision.org](mailto:pnw@pnwdivision.org)

USPS = 1329 Section Ave. Quincy, WA 98848



# Pacific Northwest Ski Association

## A Division of US Ski and Snowboard

### PNW Code of Conduct for Athletes

All PNW competitors at all levels of PNW racing, and when representing PNW as part of an official team or as an individual shall adhere to the following Code of Conduct Policies:

- [US Ski and Snowboard Code of Conduct](#)
- [US Center for Safesport Code/MAAAP](#)
- [Western Region Code of Conduct](#)
- [PNW Code of Conduct](#)
- Individual Member Club Code of Conduct Policies (for your home club)

As an athlete representing PNW, while on a PNW sponsored trip I will:

- 1) Treat fellow competitors, coaches and officials with respect and consideration for their health, safety and emotional well-being.
- 2) Abide by the rules of competition.
- 3) Respect the role of race officials, volunteers, and spectators.
- 4) Respect the guidance of coaches and follow the coaches' directions.
- 5) Refrain from behavior that is disruptive, disrespectful, or damaging to PNW's reputation.
- 6) Dress appropriately and refrain from the use of clothing that contains endorsements for alcohol, tobacco or illegal drugs.
- 7) Commit no criminal acts.
- 8) Refrain from personal cell phone use during team activities
- 9) Refrain from the use of banned substances in racing and training (See USOC list of banned substances).
- 10) Abstain from the use and/or possession of illegal drugs, alcohol and tobacco products.

I understand that if I violate one or more of these codes of conduct during a PNW trip / project I will be subject to punishments ranging from verbal warnings to exclusion from team functions or being sent home at my own expense.

Violations of the Codes of Conduct noted above may give rise to sanctions to be imposed by the competitor's sponsoring organization, PNW, and U.S. Ski & Snowboard. It is PNW's philosophy that immediate resolution of any violation best serves all parties involved. It is the goal of PNW to complete a speedy and factual determination of any violations. Whenever possible an on-site resolution is preferred so that all involved can move forward. None of this should interrupt the need for due process for everyone involved.

[SafeSport violations or concerns are outside of the purview of PNW and should be reported and resolved via the SafeSport on-line system.](#)

By signing my name below, I indicate that I have read, understand, and agree with this code of conduct.

Print Athlete Name \_\_\_\_\_

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_ 1329 Section

# MINOR ATHLETE GENERAL CONSENT FORM<sup>1</sup>

INDIVIDUAL TRAINING SESSIONS, MANUAL THERAPY AND THERAPEUTIC AND RECOVERY MODALITIES, TRANSPORTATION, MEDIA IN LOCKER ROOMS

This consent form is a General Consent form to address several In-Program activities that require parental consent as per the Minor Athlete Abuse Prevention Policies.

Review the consent form and only complete the necessary areas by initialing that area. Then sign the form at the bottom. Not all areas of the form are required to be completed.

Please note depending on the policy, consent could be required:

- 1 | Every instance,
- 2 | On an annual basis, or
- 3 | The parent/guardian can determine if the consent is provided every instance or annually.

If an option is not provided for annual consent, then consent needs to be provided in every instance. Additionally, consent can be withdrawn by a parent/guardian or Minor Athlete at any time.

The undersigned is the parent/guardian of the Minor Athlete identified below, who is a member or participant of \_\_\_\_\_, and under the age of 18.

This consent is provided pursuant to \_\_\_\_\_,

and I acknowledge that \_\_\_\_\_ contains policies that are intended to prevent abuse and risks of harm. I acknowledge that I have been advised that prior to granting consent, I should complete the training entitled *Parent's Guide to Misconduct in Sport* available at [safesporttrained.org](https://safesporttrained.org).

<sup>1</sup> This is a model form designed to help organizations comply with the MAAPP. Each organization is responsible for ensuring the forms meet their specific organizational requirements, and all users of the document are responsible for obtaining appropriate legal advice as it pertains to the usage of this form.

## TRANSPORTATION BY AN ADULT PARTICIPANT

### Annual

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that \_\_\_\_\_, an Adult Participant, can travel one-on-one with said Minor Athlete to and from all In-Program sport activities related to \_\_\_\_\_ for a time period of one year from the date of this consent. I understand that my Minor Athlete or I can withdraw consent at any time.

Initial \_\_\_\_\_ Date \_\_\_\_\_

### Specific Dates

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that \_\_\_\_\_, an Adult Participant, can travel one-on-one with said Minor Athlete to and from in the In-Program sport activities related to \_\_\_\_\_ for the occasions specified below. I understand that my Minor Athlete or I can withdraw consent at any time.

DATE	EVENT/OCCASION NAME	LOCATION

Initial Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

TRANSPORTATION ORGANIZED BY \_\_\_\_\_

**Annual**

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that said Minor Athlete can travel with the named Organization to and from all In-Program activities during a period of one year from the date of this consent. I understand that my Minor Athlete or I can withdraw consent at any time.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Specific Dates**

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent that said Minor Athlete can travel with the named Organization to and from all the In-Program activities for the occasions specified below. I understand that my Minor Athlete or I can withdraw consent at any time.

DATE	EVENT/OCCASION NAME	LOCATION

Initial Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_