



# OISRA VOLUNTEER AGREEMENT

V-1

**Must be completed in blue or black ink and be legible. Apart from signatures all information MUST BE PRINTED.**

NAME (Print) \_\_\_\_\_ M / F Date of Birth \_\_\_ / \_\_\_ / \_\_\_

ADDRESS (Print) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email contact(s) \_\_\_\_\_

Name either a School or a League or a Division as your affiliation with OISRA:

\_\_\_\_\_

I know that high school snow sports are action sports carrying a significant risk of serious personal injury, death, or property damage. I also know that there are natural and environmental conditions and risks which independently or in combination with my activities may cause property damage or severe or even fatal injuries to me or others. In consideration for my volunteering to assist with OISRA activities, WHERE I AM NOT INVOLVED DIRECTLY WORKING WITH THE STUDENTS, I agree that I alone am responsible for my safety while volunteering to assist with OISRA activities and specifically acknowledge that the following persons or entities including the OISRA, and affiliated leagues and member schools, ski areas, event organizers, race officials, other volunteers, and any agent representative, officer, director, employee, member of an affiliate of any person or entity named above are not responsible for my safety. I agree that if any part of this Agreement is deemed to be unenforceable, that the remaining terms and conditions shall be binding upon the parties. This AGREEMENT OF RELEASE AND INDEMNITY will be binding on my heirs and assigns.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please list Medical Training so we know which race workers and other volunteers are trained to help as first response in medical emergencies (for example, first aid, nurse, physician, etc.)

\_\_\_\_\_

If volunteer is under 18 years of age,

PRINT Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_