

Skier Application for International Tournament Skiing Inc.

Required of all skiers must be filled out front and back and notarized. To be filled out by parent if skier is a minor. Return to International Tournament Skiing Inc. with reservation Deposit at P.O. Box 331, Okahumpka Florida 34762

Skier's Name: _____

Fathers name (if skier is a minor): _____

Mothers name (if Skier is minor) : _____

Emergency contact person: _____

Telephone : _____

Address: _____ city: _____ state: _____ zip : _____ country: _____

Phone: (Country code) _____ Fax _____

Additional business phone or parent phone: _____

Cell #: _____ email address: _____

Age: _____ date of birth: _____ check one: Male Female couple

Awsa# _____ Social security # _____

I will be arriving by: Car bus Plane My arrival date is: _____

Reservation Date First Choice: _____ Second Choice: _____ no. of weeks desired _____ days

Airline carrier _____ flight no _____ flight arrival time _____ airport destination _____

How did you hear about us? _____

What goals do you hope to accomplish during your stay? _____

Present skiing ability? Slalom line length _____ speed _____ jump speed _____ distance _____ Trick Points _____

Kneenboard _____ barefoot _____ wakeboard _____ Do you do flips? _____

We honor MasterCard, visa and American Express

Medical information and release for use during camp. (Parents will be called if at all possible)

Name of family doctor? _____ Telephone # of family doctor? _____

Is Skier using Medication? _____

Does the skier have any known allergies? _____

Date of last Tetanus? _____ Tetanus shot will not be given except when emergency room treatment is necessary.

Please attach a copy of insurance cards front and back to the application: _____

School insurance policy number and company: _____

Family medical insurance policy number and company: _____

The skier or parent/guardian of skier is responsible to provide adequate medical insurance. I declare that John Travers or Lelani G. Travers have the authority to permit any medical treatment and execute any documents for that purpose and make any decisions as to medical treatment for my (self, son, daughter) _____ (Skiers name)

For Minors: My said child is to be in their custody while in the United States. And John or Lelani Travers are to have the same authority and responsibility as if they were the lawful guardians of my (son, daughter) _____

(Child's name) _____ pursuant to the laws of the state of _____, country of _____ or pursuant to any laws in any jurisdiction where my (son, daughter) _____ (child's name) _____ may be found or may be found to reside.

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath

Notary Documentation

Declared before me

At the city of _____

Sworn to subscribed before me on this date _____

In the state of _____

notary _____

In the country of _____ this ___ day of _____ 20_____

My commission expires _____ stamp

Signature of skier or parent: _____

Printed name and address of parent or skier: _____

Sunset Lakes home of international Tournament Skiing Inc.,

P.O. Box 331, Okahumpka, Florida 34762

Email: sunset@atlantic.net telephone: 352-429-9027/fax 352-429-9028/reservation 1-800-732-2755

• Release and Wavier of Liability and Indemnity

Please read and initial each section

_____ **The undersigned hereby Release and Waives, Discharges an Covenants not to Sue, International Tournament Skiing, Inc. John William or Lelani Gale Travers, Sunset Lakes Ski Club Inc. Sunset Landing Homeowners Association** other participants, operators, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers, employees and staff, all for the purposes herein referred to as "releases," from all liability to the undersigned, his personal representatives, assigned, heirs and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property resulting in death of the undersigned. whether caused by the neqliqence of the releases or otherwise while the undersigned is in or upon the area, observing, training or for any purpose participating in the event or session.

_____ **The undersigned Hereby Agrees to indemnify and Save and hold harmless** the releases and each of them from any loss, liability, damage or cost they may incur due to t he presence of the undersigned in or upon the area or in any way observing, training or for any purpose participating in the event and whether caused by the negligence of the releases or otherwise.

_____ **The Undersigned Expressly Acknowledges and Agrees** that the activities could be dangerous and involve risk of serious injury and or death or property damage. **The undersigned** further expressly agrees that the forgoing release, waive and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

_____ **The Undersigned Has Read and Voluntarily Signed the Release and Waiver of Liability and indemnity Agreement and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.**

Description and location of Activity or Events:

International Tournament Skiing Inc., located at 20225 cr. 33 Groveland Florida 34736, Sunset lakes, Sunset landing Homeowners Association, Inc., Sunset Lakes Ski Club Inc., lake Harris, Venetian Gardens, City of Leesburg Florida .

Activities include all camp activities including, but not limited to water-skiing (slalom, trick, jump), wakeboarding, bare footing, wake skating, travel to out side activities and attractions, as well as malls, movies, airport pick up/drop-offs and travel to tournaments.

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath. Notary Documentation needed front and back.

Declared before me at the city of _____ Sworn to and subscribed before me on this date _____ 20__

In the state of _____

In the country of _____ notary signature

Signature: _____ My commission expires: _____

Name printed: _____ Stamp/Seal