

World Polish Physician Alpine Ski Championship

Waiver of Liability

riease Keau Carefully:		
I,(Print Name)	,	ACKNOWLEDGE that ski racing
and agree to personally assum Further, I agree on beh representatives, or assignees to "Bronek", Polish American M Germany, it's officers, organiz liability for any and all person	e any and all of thalf of myself, my of HOLD HARMI edical Society, Poters, and represental injuries or dea	olish Medical Association in ntatives from any responsibility or th which I may suffer during and as
·	cate that I have re	Physician Alpine Ski Championship. ead and understood this WAIVER
Racer Name (print)	Date	Racer Signature
Parent Name (print)	Date	Parents Signature For Minor