

# 2018/2019 PSIA-RM-AASI EXAM APPLICATION FORM 2018/2019

Mail / FAX completed form, with payment, to: PSIA-Rocky Mountain-AASI, Box 775143, Steamboat Springs, CO 80477

Phone: (970) 879-8335

Fax: (970) 879-6760

http://www.psia-rm.org

LAST NAME	FIRST NAME	MIDDLE INITIAL	WORK PHONE ( ) --	HOME PHONE ( ) --
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CELL PHONE ( ) --	MAILING ADDRESS	CITY	STATE	ZIP CODE
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*The above mailing address is for event confirmation only; permanent address changes are not generated from this form.*

E-MAIL ADDRESS	DATE OF BIRTH month / day / year	GENDER M F	CERT LEVEL	MEMBER ID #	OTHER DIVISION MEMBERSHIP <small>**Must ATTACH written permission from home division.</small>
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**PLEASE REMEMBER, INCOMPLETE OR INVALID FORMS WILL BE RETURNED VIA U.S. POSTAL SERVICE.**

- CHOOSE DISCIPLINE: ADAPTIVE  ALPINE  CHILDREN'S  NORDIC  SNOWBOARD

● NAME OF EXAM \_\_\_\_\_

● LOCATION \_\_\_\_\_ ● DATE(S) \_\_\_\_\_

WHERE/WHEN DID YOU TAKE YOUR EXAM PREREQUISITE CLINICS? Locations: \_\_\_\_\_ Dates: \_\_\_\_\_

WHEN DID YOU TAKE YOUR QUALIFYING WRITTEN EXAM? Date: \_\_\_\_\_

I hereby verify that I am a member of the following member school: \_\_\_\_\_

Name of Member School

Printed Name of Supervisor

*Members and candidates with disabilities (whether physical or cognitive), who are considering applying for a certification exam must contact the Steamboat Springs office at least four weeks in advance of the scheduled test or exam to provide notice of their requested reasonable accommodation and to discuss their situations before the registration deadline date. Requests for accommodations will be considered on a case-by-case basis.*

**A clinic prepayment has been made by me for the current season. Please apply it to this event.**

\$37   
  \$42   
  \$47

**CANCELLATION AND SWITCH POLICIES - ALL APPLICANTS MUST SIGN.**

*By my signature, I attest that I have read and understand the policies, as found in the curriculum guide, pertaining to application, registration, participation and cancellation for RM divisional exams.*

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

*Signature of Parent/Legal Guardian Required for Participant Under the Age of 18*

**\* Valid payment MUST ACCOMPANY application. \***

Check/Money Order enclosed

Charge to my: Visa  MasterCard  (Credit authorization below must be completed.)

Account # \_\_\_\_\_ - - -

Cardholder must be applicant or will not be accepted.

\$ _____	Total Paid
<small>*Refer to the online guide for appropriate fee*</small>	

Exp Date \_\_\_\_\_ Cardholder Name (please print) \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

PSIA/RMSIEF HOLD HARMLESS, RELEASE OF LIABILITY, INDEMNIFICATION AND AGREEMENT NOT TO SUE PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

1. I ("Participant") agree and understand that participation in PSIA/RMSIEF certification exams, certification credit clinics, seminars, on-snow and off-snow training and education, and any other PSIA/RMSIEF seminars as a skier, ski and snowboard racer, ski and snowboard race participant, snowboarder, telemark skier, cross-country skier, freestyle skier or snowboarder in a half pipe or terrain park, adaptive skier or adaptive snowboarder and any related activities or instructor in any of the above listed activities are hazardous activities (hereinafter collectively termed "Activity"). Further, I recognize that there are many risks to the Activity that may cause injury or death including, but not limited to, changing weather and snow conditions, freezing temperatures man-made and natural obstacles, collisions with other skiers and vehicles such as snowmobiles and snowcats on the slopes, use of lifts and instruction, drills or exercises utilized by clinic leaders, use of ski equipment supplied by released parties and course conditions, including, but not limited to, weather and snow conditions, course construction or layout. I agree to freely and expressly assume and accept ANY AND ALL RISKS OF INJURY OR DEATH while participating in the Activity. Further, the Participant voluntarily elects to participate in the Activity.

2. I hereby assume all risks which may be associated with and/or result from my involvement in such Activity and hereby hold harmless, release, indemnify and defend PSIA-Rocky Mountain and Rocky Mountain Ski Instructors Educational Foundation, their subsidiaries, affiliates, and contractors their respective officers, directors, agents, servants and employees (hereinafter the released parties), of and from any liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me while participating in the Activity, including, but not limited to, those injuries and damages caused by the negligence and/or breach of warranty, express or implied, on the part of the released parties.

3. By execution of this release, I also agree to indemnify the released parties of and from any liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death to other persons or property which I may cause as a result of engaging in this Activity.

4. If I am running gates on any courses, I agree with the premise that I am deemed a competitor at all times, whether practicing for or in competition. I agree that as a competitor, I will be provided an opportunity to conduct a reasonable visual inspection of the training or race course. I agree and understand that as a competitor, I will be held to assume the risk of all course conditions, including, but not limited to, weather and snow conditions, course construction or layout and obstacles during any of the aforementioned activities.

5. I AGREE that any and ALL DISPUTES between myself and PSIA-RM and RMSIA arising from my participation in the Activity OR use of equipment provided by released parties, and INCLUDING any claims for personal injury and/or death, WILL BE GOVERNED BY THE LAWS OF THE STATE OF COLORADO and EXCLUSIVE JURISDICTION thereof will be in the state court residing in the county where the alleged tort occurred or the applicable federal court.

6. IN THE EVENT ANY SECTION OF THIS RELEASE IS FOUND TO BE UNENFORCEABLE, THE REMAINING TERMS SHALL BE FULLY ENFORCEABLE.

7. THIS RELEASE SHALL BE BINDING TO THE FULLEST EXTENT PERMITTED BY LAW.

8. This release shall be binding upon my assignees, subrogors, distributees, heirs, next-of-kin, executors, personal representatives, and administrators and may be pled by the released parties as a complete bar and defense against any claim, demand, action or causes of action by or on behalf of the Participant/Purchaser/Renter/Competitor.

I HAVE CAREFULLY READ THE FOREGOING LIABILITY RELEASE, UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Event Location \_\_\_\_\_

Event Date \_\_\_\_\_

Signature of Participant/Competitor \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Please print

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(If Participant is under 18)

Name of Participant: \_\_\_\_\_

Grade: \_\_\_\_\_

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

(if participant is under 18 years of age)

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_