



Participant Registration Form

All participants must be registered to attend the event.
All information below is required to complete the process.
Day of registration will be based on availability.

****For people living with ALS, Oregon Adaptive Sports spots are limited. Please contact us directly to register. ****

Team Name (if applicable): _____

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact: _____ Cell Phone: _____

Birthday (month, date and year): _____ *A child can participate if parent is at the event.*

I am participating In honor of or In memory of: _____ (list name(s))

LIFT TICKET Registration

Discounted Before February 1, 2017- \$50

February 1- March 31, 2017 \$75

SEASON PASS Registration

Discounted Before February 1, 2017- \$15

February 1- March 31, 2017 \$25

2016-17 Mt. Hood Meadows Season Pass Number (REQUIRED for this registration): _____

SNOWSHOE Registration

Discounted Before February 1, 2017- \$35

February 1- March 31, 2017 \$45

Snowshoes and poles will be provided at the event.

Checks are payable to The ALS Association.

Please Check One: Visa Discover MasterCard AMEX Check enclosed

Card Number: _____ Exp. Date: _____

Total: \$ _____ Signature: _____

WAIVER: I understand that to participate, I must pay a registration fee and commit to a \$150 fundraising minimum if I am 11 years of age or older. I understand that this event will occur no matter the weather conditions and that all \$150 fundraising minimums must be met by the day of the event. I understand all donations and registration fees are non-refundable and non-transferrable. If I must withdraw from the event for any reason, I understand that I am still responsible for my registration fee and fundraising minimum. In signing this waiver, I understand the intent thereof, and I, for myself, my heirs, executors, and administrators, hereby agree to release The ALS Association Oregon and SW Washington Chapter, the sponsors and any other parties concerned with this event in any way, singularly or collectively, from and against all claims and liabilities relating to my participation in the Ski to Defeat ALS, or any activities associated herewith. I give my approval for any footage or photographs to be taken at the event. I certify that all statements made in this waiver are correct and that I fully understand the event requirements.

Participant Signature (or legal guardian if 17 and under)

Date

Please mail or fax this form to The ALS Association. Fax: 503-296-5590 Email: ski@alsa-or.org

Mail: The ALS Association Attention: Ski to Defeat ALS 700 NE Multnomah St. Ste. 210, Portland, OR 97232