

## Windham Recreation Department - Student

Student/Child Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Medical Alert (i.e. drug allergies, seizures, etc.) \_\_\_\_\_

I give (Student/Child Name) \_\_\_\_\_ permission to participate in the 2018-2019 Windham Recreation Department ski program at Shawnee Peak and agree to assume all responsibility in case of accident.

**For myself and for the child, the undersigned agrees and understands that skiing is a hazardous activity, which may result in injury to my child or myself during his/her/my participation in Windham Recreation Department ski program.** Trail conditions vary constantly because of weather changes and skier use. Natural and manmade obstacles, including other skiers may exist. Participants in the program are solely responsible for their speed and direction at any given time. Enrollment in the program shall not in any way eliminate the inherent risks in snow skiing. **In consideration of myself or my child being permitted to participate in the program, I hereby assume all risks in connection with myself or my child's participation in such activities and hereby release, indemnify, forever defend and hold harmless Shawnee Peak Holdings LLC, and Windham Recreation Department ski program along with their representatives, claims or action, in law or in equity, and from all claims by me, my child my child's estate, my family, estates, heirs and assigns arising in any way, directly or indirectly, from my child's participation in the Windham Recreation Department ski program at Shawnee Peak.**

The undersigned further authorizes anyone working at Shawnee Peak to call for such medical care for the child and to call for transportation of the child to the appropriate clinic or hospital if, in the opinion of anyone working at Shawnee Peak, medical attention is needed for the child. The undersigned agrees that upon calling for such medical care that the responsibility of Shawnee Peak Holdings LLC shall not have any further responsibility for the child. **We further authorize the attending physician to administer any necessary medical attention in the event that we cannot be reached at the above telephone numbers.**

The undersigned, for myself and my child, assumes and understands that skiing is a hazardous sport; that bare spots, variations in snow, ice and terrain along with bumps, moguls, stumps, forest growth, debris, rocks and other hazardous obstacles exist within a ski area. In skiing at the area such dangers are recognized and accepted whether they are marked or unmarked. The undersigned realizes that falls and collisions are common, and injuries do result, and therefore assumes all the burden of all risks associated with skiing. The undersigned understands that children, while skiing in group lessons, may ride the chairlift with a ski instructor or other children, the general public or by themselves.

I have carefully read the foregoing release language and completely understand its contents. **I SIGN THIS DOCUMENT FOR MYSELF AS AN INDIVIDUAL AND AS A PARENT OR GUARDIAN OF THE CHILD.**

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

**PLEASE READ AND SIGN THE OTHER SIDE OF THIS FORM**