



***Sugarbush Youth Program
Medical Release***

Please READ CAREFULLY before signing:

I understand that all forms of alpine skiing/riding and alpine activities are hazardous with many dangers and risks, and that injuries are a common and ordinary occurrence in these activities. By allowing my child to participate in this program, I acknowledge my desire to increase my child's proficiency on the slopes and I expect that in order for my child to move up in the next skill level the Ski Instructor will challenge my child continuously through the Program. I acknowledge that such challenges are inherent in the Guest/Instructor relationship.

In consideration of Sugarbush Resort, to accept my below named child in their Program, I hereby indemnify and hold harmless Sugarbush Resort, its agents, officers, directors, owners and employees, of and from results in and way from negligence which arises from, but may not be limited to, my child's placement in a group skill level; the selection of specific terrain for my child's group; physical exercise or activities which my child will be directed to do as part of my child's participation in the Ski and Snowboard Youth Program.

I further agree that any claim which I may at any time bring for any reason against Sugarbush Resort, or any of its agents, officers, directors, owners, and employees or any disputes arising out of my child's participation in this Program, shall be submitted to the jurisdiction of the State of Federal Court in the State of Vermont, and that no claim or action shall be brought in any jurisdiction. I give permission to Sugarbush Resort to call a doctor and to transport my child to the Mad River Valley Health Center or nearest physician in the event of an injury or medical emergency. I give Sugarbush Resort permission to apply sunscreen lotion to my child, and to transport my child to Sugarbush North. I HAVE READ THIS STATEMENT AND UNDERSTAND ALL ITS TERMS.

Group: _____

Child's Name (please print): _____ **D.O.B.:** _____

Parent's Name: _____ **Local Phone:** _____

Home Address: _____

Emergency Contact (someone not with your group): _____

Emergency Phone: _____

Anyone other than parent or guardian authorized to pick-up your child? Relationship?

YOUR CHILD WILL BE RELEASED TO ONLY THOSE INDIVIDUALS WHOSE NAMES APPEAR ON THIS ADMISSION APPLICATION. PROOF OF IDENTIFICATION MAY BE REQUIRED.

Medication: Y/N (If yes, what?): _____

Allergy: Y/N (if yes, what?): _____

Reactions? (explain): _____

I authorize my child who is at least seven years of age to be released at the end of the clinic without adult supervision.

Date

Signature of Parent/Legal Guardian

