## RELEASE OF LIABILITY

School Name:	Email Addre	ss:		
Participant Name:	DOB:	Phone:		
Address:	City:		_State:	Zip Code:
Participant Name:  Participant Name:  Address:  ***RELE  WARNING: All forms of skiing, snowboarding, roccurrence. Recreational users of the ski area relation to ever changing variables and dangers and/or ride within one's own ability. Be alert to to: existing and changing surface or sub-surface objects and collisions with or falls resulting from hydrants, water or air pipes (all the foregoing with maintenance vehicles and snowmobiles, other made objects; variations in steepness or terrain limited to ski jumps, roads and catwalks or othe collisions with other skiers and riders and the fall, the undersigned, hereby express my desire a participation will include, without limitation, partias the slopes, trails, Freestyle Terrain and relat at my risk and/or that of my child. I understand having a resort employee present does not less loss of property as defined in RSA 225A:24 (Fall acknowledge that my child's involvement mativities, and that these activities are HAZARD I hereby promise not to bring a claim again their shops, employees, owners, affiliates, activities, that is in any way related to participation in the program shops, collectively "Releases"), from all activities, that is in any way related to participation in the program shops, employees, and myself or my child's in authorize Releases to administer first aid as to Releases. Further, in the case of serious illne necessary for the well-being of myself or my child's in a lauthorize Releases to administer first aid as to Releases. Further, in the case of serious illne necessary for the well-being of myself or my child's in lauthorize Releases to administer first aid as to Releases. Further, in the case of serious illne necessary for the well-being of myself or my child's in lauthorize Releases to administer first aid as to Release. Further, in the case of serious illne necessary for the well-being of myself or my child's in lauthorize Releases. Further, in the case of serious illne necessary for the well-being of myself or my child. I acknowledge that thi	ASE OF LIABILITY*** PLEASE Is recreational activities and the use of aerial are must use deliberate and conscious control as. Safety is directly affected by personal judg continually changing weather, visibility and see snow and ice conditions, dirt, grass, bare so such natural objects, lift towers and comport hether above or below the snow surface), so man-made structures or objects and their conditions, whether natural or as a result of slope design man-made or natural terrain modifications are in a such natural or natural terrain modifications are in a such a safety, in control approval for myself or my child's participal cipation in various types of snow-sports instructured facilities, including ski lifts. I further acknow that recreational and other activities involve it is sen the amount or severity of the risks or haz Responsibility of Skiers and Passengers). The property loss and provided skiing, snowboarding, the use of the state of the provided skiing, snowboarding, the use of the state of the provided skiing, snowboarding, the use of the state of the provided skiing of the risks or haz responsibility of Skiers and Passengers). The property loss and cipation in the Learning Ctr. Program, the provided state of the provision in the program is being given in each of the equipment, or any other activity overment in this program is being given in each of the equipment, or any other activity overment in this program is being given in each of the event of an emergency. The same are shall have no further a session injury, if I cannot be reached, I give hild, at my expense. I agree that upon transplifilled and the Releases shall have no further and their respective agents, clients and or other advertising purposes without restrict of by the applicable laws of the State of New ent must be instituted and prosecuted in the able, all other provisions shall be given full facility. AND AN AGREEMENT BETWEEN MY MY OWN FREE WILL.  To a condition of the state of largere to be bound by its terms. I specifically a given i	READ CAREFU  Id surface lifts are ha  and proper equipment in the severe of  urface conditions are  pots, forest growth,  nents thereof, lights,  powmaking and snow  mponents, and collision  gri; snowmaking or se  and features including  to or within their own  tition in the Learning  uction and activities  whedge that participal  marker of these activities  of Freestyle Terrain  that y choice to particulate  the use of these activities  of a damage tha  e use of the equip  y other person or  or damage arising for the exe  tion to a medical fact  permission for treat  or damage for the exe  tion to a medical fact  permission for treat  a thangshire. I furth  e state or Federal co  orce and effect.  NOWLEDGEMENT  SELF AND THE RE  a this agreement. I  iffically agree to IND	azardous. Fa ant, both on the elements of m d other inhere trees, rocks, s signs, posts, v grooming eq sions with or fa snow groomin ng Freestyle T ability. Center Progra and the use of elicon in the pro sks of INJUR' es. I assume  n, lifts and pa cipate in these ck Area Come interest, any t results from ment, or is r cause. Tom claims on remises. I un- cution of this cility, at my ex ment, includin any medical fa derstand that I f or my child's ey or duration her agree that burts of New I  AND RELEA ELEASEES TH acknowledge EMNIFY, DE	alls and injuries are a common be ground and in the air, in countain forest terrain. Ski ent risks including but not limited attumps, and other natural fences, mazes or enclosures, uipment, marked or lighted trail alls resulting from such mang operations, including but not ferrain; the presence of and am. I acknowledge that such of Gunstock equipment, as well orgam is voluntary and entirely and DEATH. I agree that all risk of personal injury or articipation in other recreational exactivities despite the risks. The presence of Belknap, equipment manufacturers and in participation in recreational elated to any other activity at a lawsuits related in any way to derstand that permission to use Release of Liability. The pense, if deemed necessary by my medical and/or surgical care accility, clinic or hospital, that the Releases will, to the best of their any action involving parties or Hampshire. If any provision of SE OF LIABILITY. I AM HAT LIMITS MY, OR MY
		<b>T</b>	ATE:	
			JATE:	

SIGNATURE of PARENT/GUARDIAN