

# Mascenic Area Ski Program 2022

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## INFORMED CONSENT, AGREEMENT AND RELEASE OF LIABILITY

I \_\_\_\_\_ am legal Guardian/parent of:

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_

I acknowledge that I have been informed of the nature of the Mascenic Area Ski Program to Pats Peak Ski Area, and that this activity has inherent risks of injury for those who participate, including transportation from and to the school campus. I have reviewed with my child the Parents Information for the Mascenic Area Ski Program and the Rules and Expectations. My child and I understand the risks that my child will be exposed to. I have also agreed and signed the ski area's liability form.

I understand that participation in the activity is voluntary and I am aware of the potential risks involved. Although the coordinators and volunteer staff will endeavor to provide each participant with due care, they cannot ensure that my child will remain free of injury. I understand the school, the coordinators, and the chaperons cannot ensure safety for the children participating and that their only obligation is to take reasonable precautions for the children's safety and well- being. I understand my child also has a responsibility for his/her safety and the safety of others. I acknowledge my child must adhere to all the rules, regulations, and instructions pertaining to the safety and protection of the participants, and that failure to comply could exclude my/our child from participation in this activity.

In exchange for my child being allowed to participate in this voluntary activity, I hereby waive, release and discharge the Mascenic School District, and its officers, administrators, employees, chaperons, volunteers or agents of the School District and/or SAU 87 from any and all actions, causes of action and claims of liability for bodily injury, including death, disability, personal injury, property damage, property theft or any other cause of action resulting from or in any way growing out of, directly or indirectly, my child's participation in the Ski Program.

I hereby indemnify and hold harmless the Mascenic School District, its officers, administrators, employees, volunteers, chaperons or agents of the School District and/or SAU 87 from any and all actions, causes of action, claims of liability or claims made by other individuals or entities as a result of my child's participation in the Ski Program.

I represent that my child is physically fit to participate in this activity and, if required, that he/she has been examined by a licensed physician who verifies that my child is physically fit to participate in this particular activity. The Ski Program coordinators and chaperons will rely on this representation. I acknowledge that the Ski Program volunteers will rely on me to provide the staff with any medical or other information which I feel is important to know about my son/daughter. This information will be provided prior to the start of this activity and must be kept confidential.

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I hereby consent to medical treatment to my child which may be deemed advisable in the event of injury, accident and/or illness during this activity. I hereby certify that if I have any particular medical instructions, I have completed the Medical Alert section, and I have provided these instructions in writing to the coordinators of the Ski Program.

I certify that my child's medical expenses are covered by a medical insurance policy, or if not, I agree to provide and pay for such in the event that expenses are incurred.

I also acknowledge photos or video may be taken of you or your children for the local newspaper or school. By signing below you are granting permission to use these images.

This release of liability and agreement will be construed broadly to provide a release and waiver to the maximum extent permissible under law.

I consent to my/our child's participation in this activity and I hereby certify I have read this document and I understand its contents completely.

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

**Parent/Guardian Information PLEASE Keep updated so we can reach you!**

Name: \_\_\_\_\_

Home Address (no PO Box): \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell Tel: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Tel: \_\_\_\_\_

in an emergency if you cannot be reached (list 2) we should call:

1. Name \_\_\_\_\_ Tel: \_\_\_\_\_

2. Name \_\_\_\_\_ Tel: \_\_\_\_\_

Child's Doctors Name \_\_\_\_\_ Tel \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_

## Medical Alert

Please describe any medical condition pertaining to your child we should be aware of if none please indicate: \_\_\_\_\_

Medications (daily/occasional): \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Food Allergies \*\*: \_\_\_\_\_

Last Tetanus shot (date): \_\_\_\_\_

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**\*\*Note:** I recognize my child is responsible for knowing what they should eat and I release program coordinators and chaperones from related liability. All medical information provided will be kept confidential.

## Emergency Medical Release Form

The purpose of this form is to give permission to Coordinators/chaperones of the Mascenic Area Ski Program, the Pats Peak Ski Patrol, any responding ambulance service, and/or Concord Hospital to provide emergency treatment for your child in the event of illness or injury. In the event of serious injury or illness, every attempt will be made to contact the legal guardian listed below at the phone number listed. Emergency treatment however, will not be delayed while trying to make this contact.

(We) (I) hereby grant permission to Mascenic Area Ski Program to secure such emergency medical care as \_\_\_\_\_ may require

(Print name of your child)

For a period of time from 2/1/22 until 4/30/22

\_\_\_\_\_  
(Signature of Legal Guardian)

\_\_\_\_\_  
(Print Name and Relationship)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Alternate Number)