



# KIRKWOOD SKI TEAM

## LIABILITY RELEASE AGREEMENT

Please read carefully before signing

Child's name (please print): \_\_\_\_\_ Age: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Phone numbers (including area code): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone #s: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

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

I expressly consent to the above named child's participation in all activities associated with the Kirkwood Ski Education Foundation (KSEF), including, but not limited to, being transported by motor vehicles, skiing, snowboarding and all other snowsports, including, but not limited to, ski racing, ski race training and riding chairlifts (collectively "ACTIVITIES"). I understand that these ACTIVITIES involve inherent and other risks of injury and death. In consideration for the child being permitted to participate in the ACTIVITIES, I voluntarily agree on my own behalf and on behalf of the above named child to expressly assume all risks of injury or death that may result from the ACTIVITIES and from all other activities of the KSEF, including all activities of any kind at Kirkwood Mountain Resort. I AGREE ON MY OWN BEHALF AND ON THE BEHALF OF THE ABOVE NAMED CHILD TO RELEASE KSEF; Kirkwood Mountain Resort, LLC; all ski equipment manufacturers and distributors; and their owners, parent companies, subsidiaries, affiliates, landowners, shops, officers, directors, employees, volunteer workers, attorneys, agents, representatives, successors-in-interest, and assigns (collectively "PROVIDERS") from all liability for injury, death, and property loss and damage that results from participation in the ACTIVITIES or is related to any other activity associated with this event, including all liability which results from the NEGLIGENCE of PROVIDERS or any other person or cause.

I further agree on my own behalf and on behalf of the above named child to defend and indemnify PROVIDERS for any loss or damage arising from claims or lawsuits for personal injury, death and property loss and damage related to participation in the ACTIVITIES or any other activity associated with KSEF.

I authorize PROVIDERS to administer first aid to the above named child, as they deem necessary, and to obtain appropriate medical care for the above named child. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for the above named child's well being, at my expense.

This agreement is binding upon my heirs, executors, administrators and assigns and upon the heirs, executors, administrators and assigns of the above named child. I acknowledge this agreement is governed by the applicable laws of the State of California. I further agree on my own behalf and on behalf of the above named child that any action involving parties or issues relating to or arising out of this agreement must be instituted and prosecuted in the courts of Alpine County, California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THIS AGREEMENT AND RELEASE OF LIABILITY ON MY OWN BEHALF AND ON THE BEHALF OF THE ABOVE NAMED CHILD.

Parent/guardian: I verify that I am the parent or guardian of the above named child, and I have the authority to enter into this agreement on behalf of the child.

Parent/guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_