



PARENT/GUARDIAN CONSENT FORM
RELEASE FROM LIABILITY & INDEMNITY/DEFENSE AGREEMENT
SPORT PARTICIPANT RELEASE & MEDICAL AUTHORIZATION
(IN-STATE AND OUT-OF-STATE)

Anyone under the age of 18 must complete this form and bring to the trip.
Ages 13 & under must be accompanied by a parent/guardian.
Ages 14-17 must be accompanied by a parent/guardian or an adult chaperone.

This form (pages 1-2) will be collected by the BSSC Trip Leader upon your boarding of the bus.

SKI DAY BUS TRIP INFORMATION:

Ski Resort: _____ Date of Trip: _____

MINOR PARTICIPANT INFORMATION:

Participant Name: _____ Participant Address: _____

Participant Mobile Phone Number (if applicable): _____ Date of Birth: _____

DESIGNATED ADULT CHAPERONE (The minor's parent/guardian must complete this section if a parent/guardian is not attending the trip):

I/We the undersigned parent(s) or guardian(s) of the above participant, a minor, will not be attending the trip, but we do hereby designate the individual below as the adult (age 18+) chaperone in charge of and responsible for my/our child for the duration of the trip. I/we hereby authorize the designated individual to act in my/our behalf during this trip, and for BSSC to interact with the designated individual accordingly. I/we will provide a completed Medical Information and Authorization Form (page 3) to both the designated individual and the participant, and I/we acknowledge that we are responsible for ensuring that they both carry that completed form on their person at all times during the trip:

Chaperone Name: _____ Mobile Phone Number: _____

PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION:

Parent/Guardian names and phone numbers:	Attending Trip? (Y/N)	Emergency Contacts names and phone numbers:
_____	_____	_____
_____	_____	_____

I/We, the undersigned parent(s) or guardian(s) of the above Participant, a minor, do hereby CONSENT to his/her participation in the above trip/activity/program (the "Program") offered by Boston Ski & Sports Company, Inc. ("BSSC"), and to the other terms set forth below.

I/We forever RELEASE and discharge BSSC and its officers, directors, employees, representatives, agents, and volunteers (hereinafter collectively referred to as "BSSC"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the Program. I/We also RELEASE and discharge BSSC from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the Program.

I/We furthermore agree to defend and INDEMNIFY BSSC against any claim, damage, loss or expense of whatever kind or nature that BSSC may incur or have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the Program.

I/we acknowledge that BSSC does not provide medical services or administer medication in connection with the Program. I/We hereby authorize BSSC's employee(s) or agent(s) who is supervising the Program to act on our behalf in authorizing and consenting to emergency medical care including surgery, if necessary, dental care, and/or hospitalization for said minor if he/she becomes ill or is injured while participating in the Program. This Authorization and Consent may be presented to the appropriate medical/ dental staff at such time as emergency medical care, dental care or hospitalization is required. I/We hereby RELEASE and discharge BSSC from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care, dental care or hospitalization during or in connection with the Program.

I/We also hereby authorize BSSC to cancel, reschedule or alter in any other manner the Program whenever BSSC determines in its sole discretion that such cancellation, rescheduling or alteration is required in order to protect the safety and welfare of said minor or others. I/We agree to release BSSC from any claim for damages or loss that I/we may incur by reason of such cancellation, rescheduling or alteration.

I/We further authorize BSSC's employee(s) or agent(s) who is supervising the Program to require said minor to comply with any rules, standards of behavior or instructions such employee(s) or agent(s) may reasonably establish. I/We agree that such employee(s) or agent(s) shall have the right to enforce such rules, standards of behavior or instructions and shall have the further right to terminate said minor's participation in the Program at any time when such employee(s) or agent(s) considers the conduct of said minor incompatible with the interest, harmony, comfort or welfare of the other participants in the Program or with said minor's own safety or welfare. Possession, sale, distribution or use (underage or otherwise) of illegal drugs,

alcohol or a weapon(s) will constitute grounds for terminating said minor's participation. If said minor's participation is terminated, I/we consent to have said minor sent home in the most expeditious manner without refund at my/ our expense. I/We accept in good faith the determination of such employee(s) or agent(s) in all matters relating to the supervision of said minor while in the Program.

SPORT PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY/DEFENSE AGREEMENT. Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Sport, Venue Use and Related Activities. I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with skiing, transportation of equipment related to the activities, and travelling to and from activity sites in which I am about to engage. **I assume these inherent hazards and risks, which include but are not limited to:**

1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability and death.
2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment.
3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN. However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.
4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, half-pipes, jumps, padded and non-padded barriers, other persons, and other natural and man-made hazards.
5. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles.
6. Exposure to the elements and temperature extremes may result if frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
7. Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
8. Accidents or illness occurring in remote places where there are no available medical facilities.
9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
10. Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists.
11. Costs or inconveniences incurred if a participant's circumstances cause him/her to miss any of the scheduled transportation.

***I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, loss or death.**

Release of Liability, Waiver of Claims and Indemnity/Defense Agreement

In consideration for being permitted to participate in the above described activity(ies) & related activities, I hereby agree, acknowledge & appreciate that:

1. **I HEREBY RELEASE, HOLD HARMLESS AND AGREE TO DEFEND WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE,** the following named persons or entities, herein referred to as Releasees: Boston Ski & Sports Club and its officers, directors, employees, shareholders, representatives, agents, volunteers, successors and assigns.
2. To release the Releasees from any and all liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for injury, disability, property damage or loss, or wrongful death arising from the above activities whether caused by active or passive negligence of the Releasees or otherwise. By executing this document, I agree to hold the Releasees harmless and indemnify and defend them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the Releasees, other than what is set forth in this Agreement.
4. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement.
5. I/we acknowledge that BSSC acts solely as agent carrying out services and assumes no responsibility for injury, death, loss or damage to persons or property, nor for faults or defaults of other companies or those carrying out services; nor for accidents, injuries, losses delays, cancellations, changes due to weather; baggage, lodging, insufficient participation, or any circumstances whatsoever beyond the control of BSSC.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

MY/OUR SIGNATURE BELOW INDICATES THAT I/WE HAVE READ THIS RELEASE OF LIABILITY & INDEMNITY/DEFENSE AGREEMENT AND SPORT PARTICIPANT RELEASE IN ITS ENTIRETY. I/WE FULLY UNDERSTAND ALL OF THE TERMS HEREIN, AND THAT I/WE HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT. I/WE SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

My/our signature below also certifies that I/we am/are the Parent(s), Guardian(s) or Temporary Guardian(s) with legal responsibility for this Participant, and I/we sign on behalf of the Participant, my/ourselves, my/our heirs, assigns, and next of kin.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Print Name: _____

Print Name: _____

Mobile Phone #

Relationship

Mobile Phone #

Relationship



MEDICAL INFORMATION AND AUTHORIZATION
PARTICIPANT AND PARTICIPANT'S AUTHORIZED ADULT CHAPERONE
MUST BOTH CARRY THIS FORM ON THEIR PERSON AT ALL TIMES DURING THE TRIP.

This form (page 3) is only needed in the case of a designated adult chaperone who is not the participant's parent/guardian.

SKI DAY BUS TRIP INFORMATION:

Ski Resort: _____ Date of Trip: _____

MEDICAL INFORMATION:

Minor Participant Name: _____ Date of Birth: _____

The minor participant has the following special medical needs, problems, and/or allergies (*if none, so state*):

It is anticipated that the minor participant is will be taking the following medications as of the time of the trip: (*if none, so state*):

If necessary, the authorized adult chaperone should contact the following healthcare provider to provide medical information and consultation as necessary, and may provide the following health insurance information regarding Participant.

Health Care Provider and Phone Number: _____

Insurance Company: _____

Policy Number: _____

Name of Policyholder: _____

MEDICAL AUTHORIZATION:

I/we acknowledge that BSSC does not provide medical services or administer medication in connection with the Program.

I/we hereby grant the authorized adult chaperone authority and permission to obtain medical treatment/procedures for the Participant as may be appropriate or necessary in emergency situations including and not limited to treatment by doctors, nurses, hospital and clinic personnel, and any other appropriate and qualified healthcare providers. I/we certify as to the accuracy of all information contained in the attached Medical Information form.

MY/OUR SIGNATURE BELOW INDICATES THAT I/WE HAVE READ THIS MEDICAL AUTHORIZATION IN ITS ENTIRETY. I/WE FULLY UNDERSTAND ALL OF THE TERMS HEREIN, AND THAT I/WE HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT. I/WE SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

My/our signature below also certifies that I/we am/are the Parent(s), Guardian(s) or Temporary Guardian(s) with legal responsibility for this Participant, and I/we sign on behalf of the Participant, my/ourself, my/our heirs, assigns, and next of kin.

Signature of Parent or Guardian

Date

Relationship

Print Name:

Mobile Phone #

Signature of Parent or Guardian

Date

Relationship

Print Name:

Mobile Phone #



MINOR IDENTIFICATION AND EMERGENCY CONTACT

This form (page 4) must be carried by the minor participant on their person at all times during the ski trip.

My name is _____, and I am travelling with a group ski trip hosted by Boston Ski & Sports Club.

In case of an emergency, please contact the adult below who has accompanied me on this trip:

Parent/Guardian Name and Phone Number:

Designated Adult Chaperone Name and Phone Number:
