



## Welcome to the STRIDE Adaptive Skiing and Snowboarding Program at Ski Sundown!

Our winter-sports-loving volunteer coaches will do everything they can to make the snowboarding or skiing experience the best it can be. Our coaches have been extensively trained in all disabilities and how to adapt to all learning styles.

Our lessons are 2.5 hours long in order to prepare the student with proper equipment, clothing and acclimate to their surroundings, as well as giving coaches time to understand our students' needs.

Here are the steps to make this the best possible experience:

**APPLY TO BECOME A STRIDE ATHLETE:** Completely fill out the STRIDE application below if not already done, then submit to STRIDE office as listed on the form. *RETURNING ATHLETES please update your application at STRIDE.org.* For scholarships please contact STRIDE (518) 598-1279.

**SCHEDULE A LESSON:** Once you receive the confirmation, call Ski Sundown Welcome Center at (860) 379-7669 x211 to make adaptive lesson reservations. All reservations are charged in full when booked. A full refund will be issued if cancelled at least 48 hours prior to the reservation. Reschedules made within 48 hours are subject to a \$25 fee. Sorry but we cannot offer on-the-spot lessons.

### WHAT TO BRING:

*Clothing* - warm jacket, snow pants, well-fitting waterproof gloves, wool or synthetic blend socks (not cotton), long underwear, goggles/sunglasses (if tolerated), ski helmet (REQUIRED OF ALL ATHLETES, we can lend for free).

*Reinforcers* - for the student to perform new or difficult tasks, please give or inform the coach of these incentives at the beginning of the lesson.

*Visual Behavioral Supports* - simple behavioral supports such as token boards and choice boards.

*Communication Supports* - augmentative communication devices.

*Ski or snowboard equipment* - rentals are included in the lesson package. Notify Welcome Center when scheduling the lesson if rentals are needed. If personal equipment is preferred, be certain it is tuned and fitted properly.

### ARRIVAL:

*Parking* - Please allow for ample time on busy weekends. Lot attendants will guide you to accessible spaces.

*Location* - You will be greeted at the STRIDE ADAPTIVE SPORTS table in the main lodge. We recommend you meet the coaches 5 minutes before lesson start. Consider the likelihood of a crowded, noisy area. We start the lesson **before** equipment is put on to give us time to evaluate capability, and establish rapport.

*Anything new?* - Please notify the coaches of any changes they should be aware of.

*Lift Tickets/Companion Tickets* - The coach will hand out the lift ticket(s) before leaving the lodge.

*Just before heading onto the snow* - You will make a meeting plan for the end of the lesson.

*At end of the lesson* - Rentals will be returned and the coach will bring the student back to the STRIDE table in the lodge unless other arrangements were discussed.

*If you want to continue skiing* - Both the lesson and companion tickets are good for a total of 4 hours from the lesson start time. The lift attendant will let you know how much time is left.

**We look forward to seeing you at the mountain! (860) 379-7669 x219 [strideskisundown@gmail.com](mailto:strideskisundown@gmail.com)**

**For Office Use Only:**

Received: / /

Processed: / /

Initials:

\_\_\_ Youth athlete  
\_\_\_ Adult athlete

# STRIDE Adaptive Sports

4482 NY Highway 150, West Sand Lake, NY 12196

518.598.1279 Fax: 518.391-2563

mevans@stride.org



## Registration for Programs

### Demographic Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Primary Disability /Diagnosis: \_\_\_\_\_ Secondary: \_\_\_\_\_

Educational level: \_\_\_\_\_ Enrolled in Special Education: Yes \_\_\_ No \_\_\_ Adaptive Physical Education: Yes \_\_\_ No \_\_\_

Personal Data: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ General Physical Condition: \_\_\_\_\_ Shoe size \_\_\_\_\_

Special adaptive equipment or care needs for participation (e.g.: wheelchairs, splints, walk aids, swim aids, etc.):  
\_\_\_\_\_

Parent(s) occupation(s): \_\_\_\_\_ Place(s) of employment: \_\_\_\_\_

### **STRIDE Programs**

*Check all those you are interested in:*

Swimming

Bowling

Tennis

Golf

Learn to Dance

Yoga

Target Shooting

Sailing

Alpine Skiing & Snowboarding

Jiminy Peak

Ski Sundown

Catamount

Yawgoo

Sled Hockey

SCORE Tent Camping

Wounded Warrior Programs

#### **Specialty Programs**

Teen Dances

Bike Camp

Whitewater Rafting

Archery

Hiking/ Snowshoeing

Bocce

### **Cancellation Policy Fee**

A valid Credit Card # is required on file for all programs as per our cancellation policy.

I hereby authorize STRIDE Adaptive Sports to keep a valid credit card number securely on file. In the event I do not follow cancellation protocol of notification within 24 hours for all programs requiring reservations, I will be charged a fee accordingly.

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Card Type: \_\_\_\_\_ Exp: \_\_\_\_\_ CCV: \_\_\_\_\_

Billing Address: (leave blank if same as above) \_\_\_\_\_



Please fill out as much information as possible in the spaces below. Place an "x" where it is applicable. If an area is not of concern, skip to the next section. Details help modify programs to your child's needs.

**Other Activities & Sport Involvement**

Special Olympics:

US Paralympics:

Wounded Warrior Events:

Other Sports? :

Sensory Concerns	Physical Concerns/Mobility
<b>Vision</b> <input type="checkbox"/> partially sighted/legally blind <input type="checkbox"/> blind	Walks unassisted
Describe vision:	Uses mobility device
<b>Hearing</b> <input type="checkbox"/> partial hearing loss <input type="checkbox"/> total hearing loss	<input type="checkbox"/> Uses hands unassisted
Describe hearing:	Describe balance:
<b>Sensitivities:</b>	<input type="checkbox"/> Concerns with temperature/sun/cold
Visual (seeing):	<input type="checkbox"/> Concerns with pressure sores
Auditory (hearing):	<input type="checkbox"/> Shunts/ Catheters
Tactile ( touch):	Describe general strength/ endurance:
Proprioceptive (movement):	
Please describe:	<b>Transfers:</b> <input type="checkbox"/> no assist <input type="checkbox"/> partial assist <input type="checkbox"/> total assist
	Comments:
<input type="checkbox"/> <b>Concerns with Speech:</b>	
<input type="checkbox"/> <b>Assistive Technology:</b>	
<b>Phobias:</b>	<b>Allergies:</b>
Insects <input type="checkbox"/> Animals <input type="checkbox"/> Dogs <input type="checkbox"/> Heights	<input type="checkbox"/> Latex <input type="checkbox"/> Gluten <input type="checkbox"/> Nuts <input type="checkbox"/> Bee- sting
<input type="checkbox"/> Costume Characters <input type="checkbox"/> Other	Other:

**Behavior and General Cognition/Processing**

**Code: 1- No problem 2- Mild problems (occasionally) 3- Moderate problems ( frequent) 4- Severe ( constant )**

Please "x" the appropriate box that best describes your child ( describe if marking 3 or 4)	1	2	3	4
Frustration tolerance:				
Hostility:				
Confusion:				
Distractibility:				
Impulsivity:				
Anxiety:				
Following Directions:				
Sequencing:				
Problem Solving:				
Slowness of Cognition:				
Speech/Communication:				
Understands Safety:				



**Medical Release:** This section is to be completed and signed by a Primary Physician or Physical Therapist regarding physical condition and permission to participate in sport ( if applicable)

Not Applicable       Please Initial If not applicable

**Patients Name:**

**Disability/ Diagnosis:**

**Orthopedic aids needed for participation:**

**Past surgical procedures:**

**Medications:** (dosage, frequency, and reason)

**Seizure Activity:** type and date of last seizure *(if patient has seizures , please attach seizure action plan)*

**Information on physical status of participant** (ex: allergies, ROM, spasticity, sensory losses, diabetes, heart problems etc.)

**Endurance Level:**  Good  Fair  Poor      **Communication Skills:**  Good  Fair  Poor

**Physician or Physical Therapist Signature:**

**Date:**

\*Information provided is strictly confidential and is used solely for safety purposes in administering our programs.

**Parent Signature for Permission:**

**Date:**

**Permission to Administer Medications** ( applicable to camping or overnight programs)

I, \_\_\_\_\_ parent /guardian of \_\_\_\_\_ give my permission for STRIDE volunteers to administer the necessary medications as prescribed to my son/ daughter, as needed, in my absence.

**Signed:**

**Date:**

**Medications:** List meds to be administered with purpose/ dosages and times to be administered

\*\*\* Medications must accompany the participant, clearly labeled in original containers with written administration document.\*\*\*

**Sunscreen & Insect Repellent Permission** ( applicable to camping ,sailing or overnight programs)

I, \_\_\_\_\_ parent /guardian of \_\_\_\_\_ give my permission to apply \_\_\_\_\_ & \_\_\_\_\_  
Type of Sunscreen    Type of Insect Repellent

**Signed:**

**Date:**

I understand that sunscreen/ repellent is considered medication by the Department of Health and that failure to return this note along with my child's sunscreen and repellent may result in serious sunburn or insect bites. Blanket signature will allow STRIDE to apply their supply of sunscreen and repellent where applicable.

**Initials**

## Disabled Sports USA Waiver & Release of Liability Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this Disabled Sports USA Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, STRIDE, Inc., and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or STRIDE, Inc. related events and activities, the Undersigned ("Undersigned" means the Participant or the Participant's parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

1. **Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.
2. **Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in any Disabled Sports USA/STRIDE, Inc. events or activities or the Participant's presence on or travel to the premises where such events or activities take place, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims, or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in such events or activities or the Participant's presence on or travel to the premises where such events or activities take place.
3. **Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.
4. **Medical Treatment.** Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
5. **Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations, and ordinances; (b) this Agreement shall be governed by the laws of the State of New York and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Rensselaer County, NY; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.**

<b>Participant's Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

### FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

<b>Minor's DOB</b>	<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>

## Disabled Sports USA Media Release Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. "Released Parties" include Disabled Sports USA, STRIDE, Inc. and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

### MEDIA RELEASE FORM

**MEDIA/PHOTO WAIVER:** Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes, and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

<b>Participant's Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

### FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor, or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

<b>Minor's DOB</b>	<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>

**SKI SUNDOWN, INC.**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, EQUIPMENT RENTAL, AND ARBITRATION AGREEMENT**

**PLEASE READ CAREFULLY**

Skiing and snowboarding involve risk of serious injury, including death, caused by hazards inherent in the sport of skiing. Participation in the sport of skiing, no matter what type equipment you are using or the event or program that you have chosen to participate in, is a voluntary act on the part of the Participant and where applicable the Participant's parent(s) or guardian(s).

**PARENT(S)/GUARDIAN(S):** Only allow your child to participate in the sport of skiing if he/she:

- Appreciates the risks involved in the sport;
- Knows his/her own capabilities and limitations regarding the sport of skiing;
- Is capable of exercising common sense.

The use of helmets is strongly recommended. If you and/or your child decide not to use a helmet, you do so at your own risk.

**Release and Waiver of Claims:** In consideration of being allowed to participate in the sport of skiing at Ski Sundown, Inc. (the "Facility"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Facility arising out of the inherent risks of the sport of skiing;
- 2) **TO ASSUME ALL RISKS INHERENT IN THE SPORT OF SKIING;** and
- 3) **TO RELEASE** Ski Sundown, Inc., the facility, its owners, affiliates, officers, directors, employees, agents, and shareholders, and all manufacturer's and distributor's of equipment from all liability for any loss, damage, injury, or expense that the Participant (or his/her next of kin) may suffer, arising out of the inherent risks of participation in the sport of skiing.

The Participant acknowledges and agrees that the inherent hazards and risks of participating in the sport of skiing are in addition to those referenced in *Connecticut General Statutes § 29-212*. The Participant also acknowledges that this agreement does not, in any way, change the rights or obligations of the Facility or the Participant, as set forth in *Connecticut General Statutes § 29-211, et. seq.*, other than as set forth in this agreement.

**Acknowledgement of Equipment Instructions:** I will not use any equipment until I have received instructions on its use and I fully understand its use and function. I agree to verify the visual indicator settings to be recorded on any rental forms agree with the number appearing in the visual indicator windows of any equipment listed on the form.

**Equipment Rental and Release from Liability and Waiver of Claims:** I accept for use the equipment rented to me by Ski Sundown, Inc. (the "Equipment") and accept full responsibility for its care while it is in my possession. I will be responsible for the replacement, at full retail value, of any Equipment which is not returned, and I will be responsible for the costs of repairing any damage to the Equipment, other than normal wear and tear.

**SKI EQUIPMENT:** I understand that the ski-boot bindings system which I have rented will not release at all times nor under all circumstances, nor is it possible to predict every situation in which it will release. I understand that the ski-boot bindings system is, therefore, no guarantee of my safety. I have accurately represented to Ski Sundown, Inc. my height, weight, age, and skiing ability, recognizing that some or all of these factors may affect the settings of the ski-boot bindings system.

**SNOWBOARD EQUIPMENT:** I understand that the snowboard bindings system, which I have rented, is a non-release system. I understand that the snowboard bindings system is no guarantee of my safety.

I hereby agree to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that I have or may have against Ski Sundown, Inc. and all manufacturers and distributors of the Equipment, caused by the use of the Equipment and/or the inherent risks of the sport of skiing, as defined in Conn. Gen. Stat. § 29-211, *et seq.*;
- 2) **TO ASSUME ALL RISKS INHERENT IN SKIING;**
- 3) **TO RELEASE** Ski Sundown, Inc. and all manufacturers and distributors of the Equipment, from all liability for any loss, damage, injury, or expense I (or my next of kin) may suffer, caused by the use of the Equipment and/or the inherent risks of the sport of skiing.
- 4) **TO INDEMNIFY** and hold harmless Ski Sundown, Inc. and the manufacturers and distributors of the Equipment for any loss or damage including any that results from claims or lawsuits for personal injury, death, or property loss and damage arising from my use of the Equipment.
- 5) **I FURTHER AGREE** to submit all claims against the manufacturers or distributors of the rental Equipment used by me at Ski Sundown, Inc. to arbitration.

**Arbitration:** The Participant or his/her Parent(s) or Guardian(s) hereby agree(s) to submit any dispute arising from participation in the sport of skiing to arbitration, for the sole purpose of determining whether the alleged injury arises from a hazard inherent in the sport of skiing. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the "Panel"), to be chosen by the party-appointed arbitrators. The neutral arbitrator shall be a current officer of a ski area located in Connecticut, Vermont, New Hampshire, Maine or Massachusetts. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by a court of competent jurisdiction based on the criteria specified above. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in West Hartford, Connecticut and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter.

**In the event that the Panel determines Participant's alleged injury arises from a hazard inherent in the Participant's participation in the sport of skiing, Participant's claim shall be deemed barred, as a matter of law, and the Participant shall be barred from recovering any compensation from Ski Sundown, Inc.**

In the event that the Panel determines that Participant's alleged injury *did not* arise from a hazard inherent in the sport of skiing, the Panel must next determine whether Ski Sundown, Inc. was negligent and if so, whether Ski Sundown, Inc.'s negligence was a proximate cause of Participant's injury. If the Panel determines that either Ski Sundown, Inc. was not negligent or that any negligence on its part was not a proximate cause of the Participant's injury, then the Panel must enter an award of no responsibility for Ski Sundown, Inc. & **Participant shall be barred, as a matter of law, from any recovering any compensation from Ski Sundown, Inc.**

However, if the Panel finds that negligence on the part of Ski Sundown, Inc. was a proximate cause of Participant's injury, the Panel must then determine whether Participant was negligent and whether Participant's negligence contributed to his/her injury. The Panel shall assign a percentage of negligence for both Ski Sundown, Inc. and Participant, which must equal 100%. If the Participant's allocation of negligence exceeds 50%, **Participant's claim shall be deemed barred, as a matter of law, and the Participant shall be barred from recovering any compensation from Ski Sundown, Inc.**

However, if Participant's allocation is less than 50%, then the Panel shall determine dollar amount for any damages that have been proven that will fairly compensate the Participant for his/her injury. The Panel shall then multiply the dollar amount of any such damages by the percentage of negligence found on the part of Ski Sundown, Inc. The resulting number shall be the Panel's compensation award for Participant's injury.

The Federal Rules of Evidence shall apply to the arbitration proceeding unless the parties otherwise agree.

**Acknowledgement:** I grant permission to Ski Sundown to use my photograph, video tape, motion picture recording or any other record of my use of its facilities for legitimate purposes.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parents or Guardians must also sign if the Participant is UNDER 18.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

