

**PROGRAM PARTICIPANT DATA, EMERGENCY AUTHORIZATION, and
ASSUMPTION OF RISK AGREEMENT**

PARTICIPANT'S NAME: _____ / _____
Last First

DATE OF BIRTH: _____ / _____ / _____ AGE: _____

PARENT'S NAME: _____ / _____
Last First

<p>VACATION/LOCAL ADDRESS:</p> <p>_____</p> <p>_____ Zip: _____</p> <p>Telephone Number: _____</p> <p>Email Address: _____</p>	<p>MAILING/HOME ADDRESS:</p> <p>_____</p> <p>_____ Zip: _____</p> <p>Telephone Number: _____</p> <p>Email Address: _____</p>
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Cell Phone Numbers: _____

MEDICAL INFORMATION:
Family Physician's Name: _____ Tel Nbr: () _____

EMERGENCY CONTACTS:

Name	Telephone Number(s)	Relationship
1)		
2)		

I am/my child is (circle appropriate choice) in good health, free from communicable disease and I have/my child has proper immunization. I have/my child has an allergic reaction to _____

_____ and/or *I have/my child has* an emotional or physical problem requiring special attention (**please indicate**): _____.

I, THE UNDERSIGNED PARTICIPANT (if 18 or older) OR PARENT/GUARDIAN AUTHORIZE THE STARTTON CORPORATION TO OBTAIN MEDICAL AID IN CASE OF ILLNESS OR INJURY.

Signature: _____ Date: _____

#46292 **PLEASE COMPLETE BOTH SIDES OF THIS FORM -- SEE REVERSE**

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I, _____, know that skiing, in any form, and ski competition and related activities carry significant inherent and other risks of serious personal injury, death or property damage. I also know that there are natural and environmental conditions and risks which independently or in combination with my activities may cause property damage or severe, or even fatal, injuries to me or others.

I agree that I alone am responsible for my safety while participating in skiing, competitive events and/or training for skiing or competitive events and specifically acknowledge that The Stratton Corporation, the U.S. Ski Association, U.S., Ski Team, U.S. Ski Coaches Association, promoters, sponsors, organizers, promoter clubs, officials and any agent, representative, officer, director, employee, member or affiliate of any person or entity named above are not responsible for my safety. I specifically COVENANT NOT TO SUE, in advance the above-named persons or entities from any and all claims and or injury whatsoever, whether known or unknown that may arise.

Being fully aware of the inherent and other risks, conditions and hazards of skiing, I HEREBY FREELY AGREE TO ASSUME AND ACCEPT ANY AND ALL RISKS and all claims for damages for death, personal injury or property damage which I may have or which may hereafter accrue to me against the above-named persons or entities, whether or not such injury or damage was foreseeable, as a result of my participation in skiing, ski competition and/or training for competitive events and COVENANT AND AGREE NOT TO SUE said persons or entities for any such damage and/or injury.

I further agree for myself, my heirs and/or assigns to forever HOLD HARMLESS AND INDEMNIFY the above-named persons or entities from any and all liability for death and/or personal injury, medical or other expense or property damage to myself or others resulting in any way from my participating in skiing, competitive events and/or training for competitive events.

This AGREEMENT AND COVENANT NOT TO SUE shall be binding up on my heirs and assigns. I further agree that (1) any claim, which I may at any time bring for any reason against any of the above-named persons or entities shall be submitted to the jurisdiction of the State or Federal Courts of the State of Vermont that that no claims or actions shall be brought in any other jurisdiction; and (2) any claim shall be governed by the laws of Vermont.

Date: _____ Signature: _____
Print Name: _____
Witness: _____

By signing this AGREEMENT AND COVENANT NOT TO SUE as Parent/Guardian of _____, I am consenting to his/her participation in skiing, competitive skiing and/or training for competitive events and I acknowledge and understand that any and all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance. Further, I acknowledge and understand the terms and conditions of this Agreement and Covenant Not to Sue as noted above and agree to be bound by those terms and conditions.

Date: _____ Signature: _____
Print Name: _____
Witness: _____

#46292

PLEASE COMPLETE BOTH SIDES OF FORM -- SEE REVERSE

Intrawest respects your privacy. Any personal information we collect is used only to develop products, services and offers, communicate with our customers and complete the transactions that deliver our products and services to you. Your personal information is not shared, without your consent, with third parties. For more information, visit www.intrawest.com/privacy.