

STUDENT AGREEMENT/PARENTAL PERMISSION & CONSENT FORM

STUDENT'S NAME: _____ DATE OF BIRTH: __

STUDENT'S ADDRESS: _____ PHONE: _____
City State Zip

TRIP LEADER: _____ GROUP NAME: _____

STUDENT AGREEMENT:

While participating in this ski trip, I accept full responsibility for maintaining good conduct, and I will follow the direction of the chaperone/trip leader, the rules of the resort and any state laws. I understand that curfews may be imposed and that no alcoholic beverages and /or illegal drugs or narcotics are permitted. If I am found in possession of/or under the influence of alcohol or drugs, I understand that fines and or arrest may result, that my parents will be notified and arrangements made for my immediate transportation home. I am aware that skiing is an inherently dangerous sport carrying significant risk of personal injury.

I understand that there is a risk of serious injury or death if I participate in skiing or snow boarding. It would be impractical to list all the risks. Some of the risks include, falls caused by bare spots, variations in surface and subsurface snow and ice conditions, variations in terrain and terrain area features (table tops, ramps, half-pipes, rails, etc.), bumps, moguls, stumps, rocks, other forms of forest growth and debris. Risks also include collisions with other persons, lift towers, poles, cables, snow making equipment, snowmobiles, grooming machines, fences, barriers, and other natural and manmade obstacles on and/or off of trails. Another risk is falls and collisions caused by the negligence of others, including Seven Springs. **I voluntarily assume all such risks, whether specifically listed herein or not.** I acknowledge that it is my responsibility to follow the Skier Responsibility Code, all rules regarding terrain park use, and all other instructions, rules and directions provided by Seven Springs, and to exercise caution and remain in control while participating.

I hereby waive, release and agree to hold harmless Seven Springs Farm Inc. d/b/a Seven Springs Mountain Resort, its employees, agents, officers and directors (hereinafter, "Seven Springs"), from any and all claims by me for any liability, injury loss or damage in any way connected with my participation in the sport of skiing. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who might pursue any legal actions or claim on my behalf.

STUDENT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN AGREEMENT:

I have read the "Student Agreement" portion of this form and understand the risks my child may encounter. I have discussed these risks with my child. Despite the risks, I want my child to participate in the ski trip. I acknowledge that the trip leader, chaperones, trip organizer and Seven Springs have not assumed any responsibility for actions by my child which may cause harm to himself/herself or others, and that responsibility for my child's actions remains with me as parent and/or guardian. In consideration for Seven Springs allowing my child to participate on the ski trip, I agree to waive my right to bring any claims for, and release Seven Springs from all liability arising from, claims related to losses suffered by me as a result of injuries to my child while skiing or snowboarding at Seven Springs. I intend for this waiver and release to also apply to any claims that any other person having a parental or guardianship relationship with my child might bring on his or her own behalf. Regarding claims brought on behalf of my child for losses related to injuries suffered by him/her while skiing at Seven Springs, I agree that I will indemnify, hold harmless, and reimburse Seven Springs for any losses (including attorneys' fees and costs) from any such claims.

I agree that all disputes arising under this Release or from my child's use of the facilities at Seven Springs shall be litigated exclusively in the Court of Common Pleas of Somerset County, Pennsylvania, and decided under Pennsylvania law.

PARENT'S SIGNATURE _____ DATE _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT & CHILD'S MEDICAL INFORMATION

I, _____ (Parent or Guardian), consent and agree to the emergency medical treatment for the well being of _____ (Child's name). In case of emergency, please notify additional family contact (i.e., grandparent, uncle, aunt):

NAME _____ PHONE NUMBER _____ RELATIONSHIP TO STUDENT _____

PARENT'S SIGNATURE _____ DATE _____