CANNON MOUNTAIN SNOWSPORTS
REGISTRATION FORM for JUNIOR DEVELOPMENT PROGRAM and **LIABILITY RELEASE**

In order to reserve space, return this completed form with payment prior to December 15, 2018 to the Cannon Mountain Snowsports School, 260 Tramway Drive, Franconia, NH 03580. If you have any questions, call 603-823-7722 x 787.

Child's Name _____ **Age** _____ **DOB** _____

Address _____

City _____ **State**_____ **Zip** _____

Parent name _____ **cell#**_____

Parent name _____ **cell#** _____

Email_____

Were you in Jr. Dev last Season? NO____ Yes____

If so, to which class/instructor was your child assigned_____

Ability level: Beginner___ Advanced Beginner___ Intermediate____ Advanced Intermediate___ Advanced___

Additional important information regarding your child? _____
_____

The undersigned, being at least 21 years of age, hereby represents that he/she is the parent or guardian

of**:**_____(hereinafter referred to as the ("'child'").
(Print child's name)

For myself and for the child, the undersigned agrees and understands that skiing is a hazardous activity which may result in personal injury or death to my child during his/her/ participation in the Cannon Mountain Snowsports School Programs (hereinafter "Programs"). Trail conditions vary constantly because of weather changes and skier use. Natura; and man-made obstacles, including other skiers, may exist. Participants in Programs are solely responsible for their speed and direction at any given time. Enrollment in Programs shall not in any way eliminate inherent and or other risks in Snowsports. The undersigned hereby assumes all risks in connection with my child's participation in such activities and hereby releases the State of New Hampshire d/b/a Cannon Mountain, its representatives, agents, officers, directors, servants and employees ("Releasees") from all liability for any injuries, death or damages suffered by my child sue to the Releasees' NEGLIGENCE or any other claim or cause.

In addition, the undersigned agrees to indemnify and hold the releases harmless from any claims against them brought by my child or any person or entity claiming on their behalf.

The undersigned further authorizes, anyone working at Cannon Mountain Programs to call for such medical care for my child or to transport my child to a clinic or hospital, if, in their opinion, medical attention is needed for my child. This authorizes a licensed physician or First Aid Room staff member to carry out emergency medical care deemed necessary for my child in an emergency When parental permission is not immediately available. The undersigned agrees that upon transporting my child to any medical facility, clinic, or hospital, that Cannon Mountain shall not have any further responsibility for my child. The undersigned agrees to pay all costs associates with such medical care and relates transportation of my child and indemnify and hold Cannon Mountain, its representatives, agents, affiliates, servants, and employees harmless from any costs incurred therein.

FOR HIMSELF/HERSELF, AS INDIVIDUALS AND AS PARENT OR GUARDIAN OF CHILD,

_____ _____ $_____
SIGNATURE OF PARENT OR GUARDIAN **DATE** **AMOUNT ENCLOSED**

For Office Use Only: Amount Paid _____ **CK#** _____ **CC type**_____ **Date Paid** _____ **Received By** _____