

## **RAYMOND RECREATION - Adult**

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Medical Alert (i.e. drug allergies, seizures, etc.) \_\_\_\_\_

I, \_\_\_\_\_, agree to participate in the 2018-2019 Raymond Recreation ski program at Shawnee Peak and agree to assume all responsibility in case of accident.

**For myself, the undersigned agrees and understands that skiing is a hazardous activity, which may result in injury during my participation in the RAYMOND RECREATION ski program.** Trail conditions vary constantly because of weather changes and skier use. Natural and manmade obstacles, including other skiers may exist. Participants in the program are solely responsible for their speed and direction at any given time. Enrollment in the program shall not in any way eliminate the inherent risks in snow skiing. **In consideration of my participation in the program, I hereby assume all risks in connection with my participation in such activities and hereby release, indemnify, forever defend and hold harmless Shawnee Peak Holdings LLC, RAYMOND RECREATION ski program, along with their representatives, agents, affiliates, officers, directors, servants, employees, successors and assigns from all liability for any injuries, damages, claims or actions, in law or in equity, and from all claims by myself, my family, estates, heirs and assigns arising in any way, directly or indirectly, from my participation in the RAYMOND RECREATION ski program at Shawnee Peak.**

The undersigned further authorizes anyone working at Shawnee Peak to call for such medical care for myself and to call for transportation to the appropriate clinic or hospital if, in the opinion of anyone working at Shawnee Peak, medical attention is needed. The undersigned agrees that upon calling for such medical care that the responsibility of Shawnee Peak Holdings LLC shall not have any further responsibility. **I further authorize the attending physician to administer any necessary medical attention in the event that an emergency contact person cannot be reached at the above telephone number(s).**

The undersigned, assumes and understands that skiing is a hazardous sport; that bare spots, variations in snow, ice and terrain along with bumps, moguls, stumps, forest growth, debris, rocks and other hazardous obstacles exist within a ski area. In skiing at the area such dangers are recognized and accepted whether they are marked or unmarked. The undersigned realizes that falls and collisions are common and injuries do result, and therefore assumes all the burden of all risks associated with skiing.

I have carefully read the foregoing release language and completely understand its contents. **I SIGN THIS DOCUMENT FOR MYSELF AS AN INDIVIDUAL.**

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

**PLEASE READ AND SIGN THE OTHER SIDE OF THIS FORM**