



PROGRAM REGISTRATION AND MEDICAL RELEASE FORM

Program Name Rogers Adventist School
Leader's Name J Holley Bryant

Start Date Feb 19, 2019

Name Age Sex
Address
City State Zip
Home/Cell Phone Work Phone

VOLUNTARY WAIVER AND RELEASE FROM LIABILITY: I am aware that skiing/snowboarding are hazardous sports that include certain risks and dangers, including the risk of serious injury (or death). I voluntarily accept full responsibility for all risks involved, including risks inherent in skiing and snowboarding and in the area/mountain environment.

I agree to RELEASE, HOLD HARMLESS, AND INDEMNIFY Ski Bluewood Ski/Snowboard School and WG SKI, LLC dba SKI BLUEWOOD area and its employees, agents, contractors, subsidiaries, officers or owners from all claims for any injury or damage resulting from any cause, including negligence, which arises out of my participation while skiing, snowboarding, and other snow sports, or using any other sliding device or any use of the facilities at SKI BLUEWOOD, or travel to and from Ski Bluewood.

Participants must sign this release regardless of age.

As part of ski school instruction and skiing/riding, your child will ride chairlifts. While on the chairlift your child will be at least 40 feet in the air. Hundreds of thousands of skiers/boarders ride chairlifts every year with no problem, however, accidents do occur.

I HAVE READ THIS VOLUNTARY WAIVER AND RELEASE FROM LIABILITY AND AGREE TO ALL TERMS.

DATE PARTICIPANT

DATE PARENT/LEGAL GUARDIAN IF UNDER 18

MEDICAL FORM

Name Phone

School Grade Birthdate

Parents/Guardian Name Phone

Emergency Contact Name Phone

Doctor's Name Phone

List any physical problems or allergies that should be noted

As parent or guardian for minor we authorize Ski Bluewood and any other medical provider and/or medical facility to provide care that is deemed necessary.

Parent/Legal Guardian

Print Name