



FOR STAFF USE ONLY	
Program:	_____
Lesson Date:	_____
Staff Initials:	_____

SNOW SPORTS CENTER LESSON RELEASE FORM

Lesson Participant Name: _____ Lesson Date: _____

On-Hill Emergency Contact: _____ Cell Phone: _____

SNOW SPORTS CENTER RELEASE

I understand that during any lesson, the above named participant may or may not be accompanied on the chairlift at any time. I understand that Mt. Spokane Ski School staff are allowed and encouraged to assist participants by using hands-on methods. I understand that if participant becomes tired and cannot finish the lesson, Mt. Spokane Ski School staff will not force participant to continue and no refund shall be given.

I understand and accept the fact that alpine skiing, snowboarding and all other various forms of snow play are hazardous sports that have many dangers and risks. I realize that injuries are a common and ordinary occurrence of these sports. I agree, as a condition of being allowed to use the ski area facility and premises, that I freely accept and voluntarily assume all risks of personal injury or death or property damage, and release Mt. Spokane Ski & Snowboard Park, its agents, employees, directors, officers, and shareholders from any and all liability for personal injury or property damage which results in any way from my negligence, conditions on or about the premises and facilities, the operations of the ski area including, but not limited to, grooming, snow making, ski lift operations, actions or omissions of employees or agents of the area, or my participation in skiing or other activities at the area, accepting myself, the full responsibility for any and all such damage or injury of any kind which may result. I also agree to RELEASE, HOLD HARMLESS, and INDEMNIFY Mt. Spokane 2000, its Directors and Officers, Mt. Spokane Ski & Snowboard Park, and any of their employees, agents, contractors, subsidiaries, officers and owners from all claims for any injury or damage resulting from any cause, including negligence which arises out of participating in or travel to and from Mt. Spokane Ski & Snowboard Park. This release is also binding as to any other persons, including all family members, heirs, and executors. If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in or travel to and from Mt. Spokane Ski & Snowboard Park. I also agree to HOLD HARMLESS and INDEMNIFY Mt. Spokane 2000, its Directors and Officers, and Mt. Spokane Ski & Snowboard Park for claims brought by or on behalf of the minor. This release does not apply to gross negligence or intentional acts.

CONSENT TO MEDICAL TREATMENT OF MINORS

I hereby authorize any duly authorized doctor, emergency medical technician, registered ski patroller, hospital or other medical facility to treat any minors that are listed on this application form, for the purpose of attempting to treat or relieve any injuries received while at Mt. Spokane Ski & Snowboard Park. I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries and/or related unhealthy conditions of said minor that he/she may encounter during any necessary operation. I consent to the administration of anesthesia as deemed advisable by any licensed physician. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment, and accept full financial responsibility for any form of emergency transportation and care deemed appropriate by the Mt. Spokane Ski Patrol.

If for religious or personal reasons you object to medical treatment please initial here _____

The undersigned hereby RELEASES AND HOLDS HARMLESS, Mt. Spokane 2000 and the Washington State Park and Recreation Commission, and its owners, agents and employees from any and all claims and liability for injury, loss, or damages resulting from the use of the area's facilities, slopes, and lifts. Furthermore, I have read and fully understand the above contract, rules and regulations.

Lesson Participant
Signature: _____
(If under 18, both minor and parent/guardian signatures required)

Date: _____

Parent/Guardian
Signature: _____

Date: _____