



**RAGGED MT.**  
RESORT

**MINOR RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION AGREEMENT**

I have enrolled \_\_\_\_\_ in the \_\_\_\_\_ program. I understand the Child's participation in the Program involves exposure to inherent risks of skiing and/or snowboarding that cannot be eliminated. The state of NEW HAMPSHIRE has enacted a statute (RSA 225-A) that governs the responsibilities of skiers and/or snowboarders and ski area operators with respect to downhill skiing. I also understand that the Child's participation in the Program may require the use of ski lifts and that the Child may ride lifts alone, with other guests, or with other children and that the use of lifts by the Child involves a potential risk of injury.

In consideration of the Child's participation, individually and as the parent or guardian of the Child, I HEREBY EXPRESSLY ASSUME ALL RISKS associated with the Child's participation in the Program including but not limited to the following: variations in weather, terrain, surface or substance of snow or ice conditions, bare spots, areas of thin cover, moguls, ruts, bumps, rocks, trees, stumps, roots, and other forms of forest growth or debris, snow making system components, lift towers, and components thereof (all of the foregoing whether above or below the snow surface), pole line fences, and plainly marked or visible snowmaking equipment; collisions with other skiers or other personnel or with any of the categories included in this release.

Despite my understanding the forgoing risks I, individually and as the parent or legal guardian of the Child, AGREE NOT TO SUE AND TO RELEASE FROM LIABILITY AND TO DEFEND, INDEMNIFY, AND HOLD HARMLESS RAGGED MOUNTAIN RESORT and their representatives, owners, employees, and agents for any damage or injury arising of the Child's participation in the Program regardless of cause, including continued participation in the Program.

In case of malfunction of the Child's ski/ snowboard equipment, I authorize RAGGED MOUNTAIN RESORT employees to repair as necessary or replace with RAGGED MOUNTAIN RESORT equipment if required as that the Child may continue participation in the Program.

I recognize that medical or dental care may be necessary for the Child. I authorize RAGGED MOUNTAIN RESORT and its agents or employees to render first aid and to call for medical or dental care for the Child if, in the opinion of RAGGED MOUNTAIN RESORT first aid personnel, medical or dental care is needed. I agree to pay for all expenses and costs associated with such care and related transportation.

I understand that the foregoing is a LIABILITY RELEASE and a MEDICAL AUTHORIZATION that is legally binding on me, the Child, our heirs, and our legal representatives and I sign it of my own free will. I acknowledge that the forgoing is binding through the 2007/2008 ski season.

This agreement is governed by the applicable law of this state or providence. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

Home Address \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Local Address \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Emergency Contact (print) \_\_\_\_\_ Phone \_\_\_\_\_

**I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THIS LIABILITY RELEASE.**

Parent/Guardian: I verify that I am the parent or guardian of the minor, and I have authorized to enter into this agreement on behalf of the participant and I agree to be bound by the terms and conditions of this release.

Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_