

Holiday Valley training program permission to participate in competitions and Acknowledgement and Assumption of Risk read carefully this Acknowledgement and Assumption of Risk affects your and your child's legal rights.

**1. Parental Consent.**

I have enrolled my child in the Holiday Valley Training Program for the 2011/2012 season. I understand that there are a number of competitions my child may enter while participating in the Training Program, including, but not limited to, races, boarder cross events, rail jams, jumping and events in terrain parks and half-pipes. I give my child permission to participate in the program and those competitions.

**2. Assumption of Risk.**

I understand that the program and competitions include, but are not limited to, races, boarder cross events, rail jams, jumping, and events in terrain parks and half-pipes. I acknowledge that this type of skiing/snowboarding is dangerous. I understand that the competitions include risks of injury from, but not limited to, falls, terrain park elements, jumps, slide rails and other man made features, changing weather conditions, bare spots, variations in snow, ice, other ground cover, surface and subsurface conditions, and terrain, bumps, moguls, rocks, debris, equipment and machinery on slopes, collisions with other skiers and snowboarders and natural and man made objects, and skier/snowboarder error. I and my child will visually inspect the terrain and features before participating in each competition. Fencing, equipment covers, padding, signs, rope lines, and other marking devices may be in place in the terrain in which the competition takes place. These markers will not prevent injury. I understand that it is my and my child's responsibility to stay away from marked areas. I also understand that there may be natural and man made hazards which may not be marked. I acknowledge that I and my child have sufficient skills to participate in each competition safely, and that I and my child will use equipment that is suitable for participating in each competition safely. I am aware that participation in each competition may result in serious injury, property damage, or death from these risks, and I voluntarily accept such risks on behalf of myself and my child. I have explained the risks inherent in each competition to my child in an age appropriate manner and he/she has acknowledged that he/she understands and accepts those risks.

**3. Effect on Legal Rights.**

I have read this agreement carefully and understand its contents. I have read this agreement to my child and he/she has acknowledged that he/she understands its contents. I am aware that the agreement includes an expressed assumption of risk. I understand that this agreement may affect legal claims for damages in the event of death or any injury to me or my child. I acknowledge that any questions I or my child have about this agreement or the risks inherent in participating in the program and competitions have been answered to my and my child's satisfaction. I signed this document of my own free will.

**4. Controlling Law.**

I agree that the terms of this agreement are binding on me and my child, and shall be governed by the Laws of the State of New York.

Date: \_\_\_\_\_ Registrant: \_\_\_\_\_

Witness: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
(if under 18)

Medical information for Training Center Programs: Please list any medical information, previous injuries, medication, allergies, etc. for each child. Use additional sheet if necessary.

\_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

In order to expedite the treatment of a skier in the event of an injury while participating in Holiday Valley's Ski Team program, please read the following carefully. Your signature below will indicate your agreement.

I, the undersigned Parent or Legal Guardian, have read and understand the above acknowledgement & assumption of risk and hereby authorize Holiday Valley, its employees, agents or assigns to obtain medical treatment in the event of an injury or if medical attention is needed.

Registrant: \_\_\_\_\_ Date: \_\_\_\_\_ Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

Registrant: \_\_\_\_\_ Date: \_\_\_\_\_ Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (If registrant is under 18)  
\_\_\_\_\_