

STOWE MOUNTAIN RESORT
SUMMER ADVENTURE CAMP
Registration 2019



Parent/guardian _____ D.O.B. _____

Email _____ Cell Phone _____

Home Address _____ Home Phone _____

Local Address _____ Local Phone _____

Child's name _____ Age _____ DOB _____ Weight _____ Height _____

Child's name _____ Age _____ DOB _____ Weight _____ Height _____

Child's name _____ Age _____ DOB _____ Weight _____ Height _____

EMERGENCY INFORMATION

1. Does your child (or children) have any **dietary restrictions, medications or illnesses** of which we should be aware? Please specify which child.
2. Does your child (or children) have any **allergies**? If so, which child, type of allergy, reaction and procedure to be followed:
3. Does your child (or children) have **asthma**? If yes, which child and list last date of asthma attack; what induces the asthma, as well as medications required.
4. Does your child (or children) have any **specific needs, physical limitations, behavioral considerations** that may affect participation in some camp activities that we should know about? Please specify which child.
5. Has your child (or children) ever been **stung by a bee**? If yes, please specify which child and list date and any reaction.
6. Please list others who have **permission to pick up** your child (or children):
7. **In case of emergency**, if you are not available, whom must we contact on behalf of your child/children? Please provide Name/Relationship/Phone Number/Cell Phone Number.

Continue Registration on other side>>>
THIS IS A CONTRACT. READ IT CAREFULLY



**STOWE MOUNTAIN RESORT
SUMMER CAMP ADVENTURE PROGRAM
2019**

Reservations Required — please Complete and Return

Child's name: _____

Child's date of birth: _____

Reserve the following dates:

1. _____

2. _____

3. _____

4. _____

5. _____

**CHILDREN'S DAY CAMP & CHILD CARE
RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK & INDEMNITY AGREEMENT**

**WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!
THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS**

1. My child is participating in a recreational day camp and/or child care. I understand that participation involves a number of recreational activities, which may include zip lining, rock climbing, ropes/challenge courses, bungee trampoline, road or mountain biking, using a bike park, rollerblading, kayaking, canoeing, rafting, paddle boarding, hiking, golfing, frisbee golfing, archery, horseback riding, caving, rock climbing, swimming, ice skating, camping, field trips, transportation by motor vehicle, martial arts, archery, laser tag, petting zoo, bounce houses, miniature golf and other recreational activities (the "Activity"). I understand that **PARTICIPATING IN THE ACTIVITY AND USING SKI AREA FACILITIES, INCLUDING THE LIFTS, FOR ANY PURPOSE, CAN BE HAZARDOUS AND PRESENTS A RISK OF PHYSICAL INJURY OR DEATH.**

2. I ACKNOWLEDGE THAT THIRD PARTY VENDORS, NOT AFFILIATED WITH THE RESORT, MAY PROVIDE AND OPERATE MANY OF THE ACTIVITIES AND THAT THE RESORT MAKES NO WARRANTIES OR REPRESENTATIONS REGARDING THESE PROVIDERS.

3. I EXPRESSLY ACKNOWLEDGE AND ASSUME ALL RISKS AND DANGERS associated with the Activity. I understand that the risks and dangers include, but are not limited to: the negligence of other participants and instructors; falling; equipment malfunction; sharing the facilities with others; not following the direction of the Activity provider or third party vendor's personnel; high speeds; slick or uneven surface conditions; variations in slope, surface and subsurface terrain; rugged mountainous terrain; bumps; stumps; forest growth; downed timber; rocks of various sizes; course and venue configuration and/or conditions; marked and unmarked obstacles; varying conditions; collisions or accidents when traveling by vehicle to/from an activity site; contact with wild animals or allergens; becoming lost or separated; forest and/or other fires; lightning, snow, storms and other adverse weather; strenuous activity; fatigue; exhaustion; dehydration; heatstroke; hypothermia; high elevation; and altitude sickness.

4. IN CONSIDERATION FOR MY CHILD BEING ALLOWED TO PARTICIPATE, I AGREE TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE Vail Resorts, Inc., The Vail Corporation, each of their parent and affiliated companies and subsidiaries, the United States, the resort owner/operator, land owner, equipment manufacturer, and all their respective insurance companies, successors in interest, commercial and corporate sponsors, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") FROM ANY AND ALL LIABILITY and/or claims for injury or death to persons or damage to property arising from the Participant's participation in the Activity, INCLUDING THOSE INJURIES AND DAMAGES CAUSED BY ANY RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE (including failure to take reasonable steps to protect against the risks of the Activity) OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF ANY RELEASED PARTY TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT AGAINST THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITY. I TAKE FULL RESPONSIBILITY FOR ANY INJURY OR LOSS TO ME OR MY CHILD, INCLUDING DEATH, WHICH I OR MY CHILD MAY SUFFER, ARISING IN WHOLE OR IN PART OUT OF THE ACTIVITY.

I AGREE TO PAY ALL COSTS AND ATTORNEY'S FEES INCURRED BY ANY RELEASED PARTY IN DEFENDING A CLAIM OR SUIT BROUGHT BY ME, ON MY CHILD'S BEHALF, OR AS A RESULT OF MY CHILD'S PARTICIPATION IN THE ACTIVITY.

In consideration for allowing my child to participate in the Activity, I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT MY CHILD OR I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, including those of which I am not aware, those not mentioned in this release and those resulting FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.

5. I represent that my child is in good health and has no special problems with his or her physical or mental condition. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for my child which may be necessary and agree to be fully responsible for any associated costs.

6. I agree that ANY AND ALL CLAIMS FOR LOSS, INJURY AND/OR DEATH REGARDING AN ALLEGED INCIDENT SHALL BE GOVERNED BY THE LAW OF THE STATE WHERE THE ALLEGED INCIDENT OCCURRED AND EXCLUSIVE JURISDICTION SHALL BE IN THE STATE or federal court sitting in the district where the alleged incident occurred (except that all claims arising at Heavenly shall be governed by California law and exclusive jurisdiction shall be in a California court of competent jurisdiction).

7. I represent that I am the parent or legal guardian of the child listed below and VOLUNTARILY GRANT PERMISSION FOR MY CHILD TO TAKE PART IN THE ACTIVITY. I acknowledge that I am signing this release on behalf of my child and that my child ALL BE BOUND BY ALL THE TERMS OF THIS AGREEMENT. I AGREE TO INDEMNIFY THE RELEASED PARTIES FOR ALL LIABILITY AND CLAIMS, INCLUDING ATTORNEYS' FEES, ARISING FROM ANY MISREPRESENTATIONS IN OR FRAUDULENT EXECUTION OF THIS AGREEMENT.

8. I understand that this release shall apply during every time my child participates in the Activity during the season and that this release shall be binding to the fullest extent permitted by law. If any part of this release is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. This release shall be binding upon my and my child's assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

MINOR PARTICIPANT INFORMATION - Requires Parent/Guardian to Complete, Sign & Date Below

MINOR #1 – Last Name, First Name, M.I. (print) _____	Date of Birth (MM-DD-YYYY) _____	MINOR #2 – Last Name, First Name, M.I. (print) _____	Date of Birth (MM-DD-YYYY) _____
MINOR #3 – Last Name, First Name, M.I. (print) _____	Date of Birth (MM-DD-YYYY) _____	MINOR #4 – Last Name, First Name, M.I. (print) _____	Date of Birth (MM-DD-YYYY) _____

PARENT/GUARDIAN INFORMATION – Required to Complete, Sign & Date Below

PARENT/GUARDIAN – Last Name, First Name, M.I. (print) _____	Date of Birth (MM-DD-YYYY) _____	X	SIGNATURE OF PARENT/GUARDIAN _____	DATE _____
EMERGENCY CONTACT (print) _____	RELATION _____		PHONE NUMBER _____	



Summer Adventure Camp

Code of Conduct

READINESS– AM I READY FOR CAMP?

- I'm ready to follow directions the **FIRST** time!
- I'm ready to try each activity with an open mind!
- I'm ready to support my friends throughout the day!
- I'm ready to act in a safe manner during camp!

RESPECT– Am I ready to be respectful?

- I will respect myself!
- I will respect others!
- I will respect nature!
- I will respect our camp and activities!

RESPONSIBILITY– AM I READY TO BE RESPONSIBLE FOR MYSELF AND MY BELONGINGS?

- It's my responsibility to communicate my needs to my counselors!
- It's my responsibility to clean up after myself!
- It's my responsibility to keep track of my belongings!

For behavior that is not in line with the above guidelines a **THREE** strike policy will be put into effect as defined below:

First Strike....

Second Strike....

Third Strike....

Camper will receive a verbal reminder of the policy and allowed to re-join the activity

Camper will receive a verbal reminder of the policy and asked to sit out the remainder of the activity

Camper will be removed from remaining activities and parents will be called to pick up camper

My camper and I have read, understand, and agree to the above code of conduct.

Parent Signature _____ Date _____

Camper Signature _____ Date _____