

MT CUBS ENROLLMENT FORM

O.R.S. 309.70 provides that the "Inherent Risks of Skiing" includes, but is not limited to, those dangers or conditions which are an integral part of the sport, such as changing weather conditions, variations or steepness in terrain, snow or ice conditions, surface or subsurface conditions, bare spots, creeks and gullies, forest growth, rocks stumps, lift towers and other structures and their components, collisions with other skiers and a skier's failure to ski within the skier's own ability.

In consideration of the below named minor's participation in the Mountain Cubs Program, I agree to not make any claim nor bring any suit for any damages, injury or death suffered by the minor arising out of his/her participation in the Mountain Cubs Program against Hoodoo Ski Area Developers, Inc., its officers and directors, owners, agents, landowners, affiliated companies, and employees, wherein one or more of the "Inherent Risks of Skiing" constitutes a substantial factor in causing the damage or harm.

I certify that the below named minor is physically fit to participate in the Mountain Cubs Program.

CHILD'S NAME (Print): _____ AGE: _____

LESSON DATE: _____ Please circle the class your child is attending

AM PM All Day

For the safety and enjoyment of your child, we require the following information. Please check and explain the following:

Allergies _____	Visually Impaired _____
Hyperactive _____	Hearing Impaired _____
Hypoactive _____	Epileptic _____
Behavioral Problems _____	Asthma _____
Learning Disabilities _____	Other _____

Please be advised that the parent(s) or the child him/herself is responsible for administering any required/necessary medication. Instructors cannot administer medication to your child. Thank you.

Has your child had any illness in the past 24 hours? _____

Is there any activity in which do not want your child to participate? _____

Please make sure that whoever picks up your child has the release card to present to the instructor.

PARENT/GUARDIAN MUST SIGN BELOW:

PARENT/GUARDIAN: I verify that I am the parent/guardian and/or have the authority to enter into this agreement on behalf of the above named minor. I agree to be bound by its terms. I accept full responsibility for all medical expenses incurred as a result of the minor's participation in the Mountain Cub Program.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____ Date: _____

Cell Phone # _____