



STUDENT AGREEMENT/PARENTAL PERMISSION & CONSENT FORM

STUDENTS NAME: _____ DATE OF BIRTH _____

STUDENTS ADDRESS: _____ PHONE _____

TRIP LEADER: _____ GROUP NAME: _____

STUDENT AGREEMENT:

While participating in this ski trip, I accept full responsibility for maintaining good conduct, and I will follow the direction of the chaperone/trip leader, the rules of the resort and any state laws. I understand that curfews may be imposed and that no alcoholic beverages and /or illegal drugs or narcotics are permitted. If I am found in possession of/or under the influence of alcohol or drugs, I understand that fines and or arrest may result, that my parents will be notified and arrangements made for my immediate transportation home. I am aware that skiing is an inherently dangerous sport carrying significant risk of personal injury. I know that there are natural and man-made obstacles or hazards, surface and environmental conditions, and risk which in combination with my actions can cause me very severe or occasionally fatal injury.

Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless Seven Springs Mountain Resort, Inc., its employees, agents, officers, and directors from any and all claims by me for any liability, injury loss or damage in any way connected with my participation in the sport of skiing. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who might pursue any legal actions or claim on my behalf.

X _____
STUDENT'S SIGNATURE DATE

PARENTAL PERMISSION & CONSENT

I give permission for my child to attend the above described ski trip knowing that I accept responsibility for his/her actions at all times. I understand and agree that the trip leader, chaperones, trip organizer and Seven Springs Mountain Resort, Inc., do not assume any responsibility or liability form any injury my child may sustain. I am aware that skiing is an inherently dangerous sport carrying significant risk of personal injury. I know that there are natural and man-made obstacles or hazards, surface and environmental conditions, and risk which in combination with my child's' actions can cause very severe or occasionally fatal injury.

Aware of the risk and willing to assume them, I hereby waive, release and agree to hold harmless Seven Springs Mountain Resort, Inc., its employees, agents, officers, and directors from any and all claims by me for any liability, injury, loss or damage in any way connected with my child's participation in the sport of skiing. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who might pursue any legal actions or claim on my behalf. I agree that all disputes arising under this Release or from my use of the facilities at Seven Springs shall be litigated exclusively in the Court of Common Pleas of Somerset County, Pennsylvania, and decided under Pennsylvania law.

X _____
PARENTS SIGNATURE DATE PHONE NUMBER

CONSENT FOR EMERGENCY MEDICAL TREATMENT & CHILD'S MEDICAL INFORMATION

I, _____, _____ consent and agree to the emergency medical
NAME OF PARENT OR GUARDIAN RELATIONSHIP TO CHILD

treatment for the well being of _____
CHILD'S NAME

In case of emergency, please notify additional family contact (i.e., grandparent, uncle, aunt):

NAME PHONE NUMBER RELATIONSHIP
NAME PHONE NUMBER RELATIONSHIP

X _____
PARENTS SIGNATURE DATE