



Sunday River[®]

Children's Seasonal Programs Application & Release Form 2012-2013

Name of Participant 1 _____

Name of Participant 2 _____

Age _____ D.O. B. _____ Male/Female

Age _____ D.O.B. _____ Male/Female

Allergies? YES _____ NO _____

Allergies? YES _____ NO _____

Describe _____

Describe _____

Epi Pen? YES _____ NO _____

Epi Pen? YES _____ NO _____

Special Needs? _____

Special Needs? _____

Describe _____

Describe _____

Name of Parents _____

Mailing address _____

City _____ State _____ Zip _____

Home Phone _____ Day Phone _____

Mom Cell _____ Dad Cell _____

Local Address _____

Local Phone _____

E-mail 1 _____ (Please print)

Indicate whose e-mail this is (circle one) - Father Mother Shared

E-mail 2 _____ (Please print)

Indicate whose e-mail this is (circle one) - Father Mother Shared

PLEASE CIRCLE THE E-MAIL YOU WANT USED FOR WEEKLY COMMUNICATION—WORK ADDRESSES ARE OFTEN BLOCKED



Sunday River®

Name of Participant 1 _____

Name of Participant 2 _____

Please indicate program:

	Thru 10/10	After 10/10	Please circle			Thru 10/10	After 10/10	Please circle	
Mini Runners (3-5 yrs)	\$725	\$750	ALP		Mini Runners (3-5 yrs)	\$725	\$750	ALP	
River Runners (5-12 yrs)	\$990	\$1040	ALP	SB	River Runners (5-12 yrs)	\$990	\$1040	ALP	SB
Jr. Professionals (13-16 yrs)	\$975	\$1025	ALP	SB	Jr. Professionals (13-16 yrs)	\$975	\$1025	ALP	SB
Skiing/Riding Ability	New	Green	Blue	Black	Skiing/Riding Ability	New	Green	Blue	Black

Payment - Must be paid in full by December 7,2012 (Program prices do not include Season Pass or equipment)

WARNING: All forms of Alpine activities are hazardous, requiring the deliberate control and good judgment of the participant. Falls and injuries are a common occurrence of all alpine activities, including these clinics. The participant will be continually challenged in the clinics by performing difficult maneuvers on formidable terrain. These challenges, plus changing weather, visibility and surface and sub-surface conditions, such as ice and bare spots, trees, lift towers, fences, signs, posts, lift mazes, hydrants and pipes, snow grooming equipment, snowmobiles, rails, jumps, other elements and other man made objects, variations in terrain, slope design and collisions with other skiers/riders, are inherent to all Alpine activities.

Liability and Medical Release

In consideration of my child being allowed to participate in the Sunday River alpine or snowboard program, on behalf of myself and my child I agree to release Sunday River, their owners, affiliates, employees, agents, directors, officers and volunteers (the Releases) from liability for damage, injury or death to my child, myself or to any person sustained as a result of participation in said program, whatever the cause, including but not limited to the fault or alleged negligence of any of the Releases, or any risk of the sport, known or unknown, accepting full legal responsibility on behalf of myself and my child for any such loss, damage, injury or death. I agree on behalf of myself and my child not to sue the Releases and to hold harmless and indemnify the Releases from any damage, award, legal expenses, including reasonable attorney's fees or settlement arising out of my child's participation in said program. I further agree that any claim made by me or my child against the Releases shall be submitted to the jurisdiction of the state or federal courts in the State of Maine, shall be governed by Maine law and that if any part of this agreement is determined to be unenforceable all other parts shall be given full force and effect to the extent permitted by Maine law.

Consent: I, parent/guardian of participant, hereby grant permission, in case of injury, to have a physician or other medical personnel, provide medical assistance and/or treatment to said athlete.

Consent: I, parent/guardian of participant consent to allow photos of my child to be used by Sunday River for promotional material.

Parent/Guardian Signature _____ Date _____

- Prepaid on-line
- Cash Check (payable to Sunday River) Credit card (Visa, MC, Disc or Amex) Amount enclosed: _____

Credit card number _____ Exp. Date _____ 3 Digit Code _____

**Fax (207) 824 5031 or mail to:
Sunday River, PO Box 4500, Newry, ME 04261 Attn: HR dept.**