

**CANNON MOUNTAIN SNOWSPORTS
LIABILITY RELEASE**

The undersigned, being at least 21 years of age, hereby represents that he/she is the parent or guardian

of: _____ (hereinafter referred to as the ("child").
(Print child's name)

For myself and for the child, the undersigned agrees and understands that skiing is a hazardous activity which may result in personal injury or death to my child during his/her/ participation in the Cannon Mountain Snowsports School Programs (hereinafter "Programs"). Trail conditions vary constantly because of weather changes and skier use. Natural and man-made obstacles, including other skiers, may exist. Participants in Programs are solely responsible for their speed and direction at any given time. Enrollment in Programs shall not in any way eliminate inherent and or other risks in Snowsports. The undersigned hereby assumes all risks in connection with my child's participation in such activities and hereby releases the State of New Hampshire d/b/a Cannon Mountain, its representatives, agents, officers, directors, servants and employees ("Releasees") from all liability for any injuries, death or damages suffered by my child due to the Releasees' NEGLIGENCE or any other claim or cause.

In addition, the undersigned agrees to indemnify and hold the releases harmless from any claims against them brought by my child or any person or entity claiming on their behalf.

The undersigned further authorizes, anyone working at Cannon Mountain Programs to call for such medical care for my child or to transport my child to a clinic or hospital, if, in their opinion, medical attention is needed for my child. This authorizes a licensed physician or First Aid Room staff member to carry out emergency medical care deemed necessary for my child in an emergency when parental permission is not immediately available. The undersigned agrees that upon transporting my child to any medical facility, clinic, or hospital, that Cannon Mountain shall not have any further responsibility for my child. The undersigned agrees to pay all costs associated with such medical care and releases transportation of my child and indemnify and hold Cannon Mountain, its representatives, agents, affiliates, servants, and employees harmless from any costs incurred therein.

FOR HIMSELF/HERSELF, AS INDIVIDUALS AND AS PARENT OR GUARDIAN OF CHILD,

Student Name _____ Age _____ DOB _____

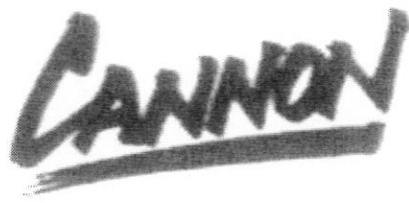
Phone _____ Address _____

City _____ State _____ Zip _____ School _____

IN EMERGENCY NOTIFY _____ Relationship _____

Phone/s: _____ Address if Different _____

Signature of parent or guardian _____ Date _____



Student Name _____

Please circle

Skiing or Snowboarding

Beginner: Never skied/ridden before.

Novice: Working on basic turning, stopping & lift riding skills.

Lower Intermediate: Can link turns and ride/unload chairlift independently.

Intermediate: Comfortable & in control on Intermediate terrain.

Advanced: Comfortable & in control on advanced terrain.

Snowboard Students must be a minimum of 8 years old

NOTES