

NASHOBA VALLEY SNOWSPORTS SCHOOL RELEASE OF LIABILITY

Student: (Please Print) _____ Age: _____ Sex: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

In consideration of the permission to participate in classes, instructions and/or lessons by the Nashoba Valley Snowsports School and use of resort's premise and facilities, I agree. For myself and/or my child to the following:

- I agree, for myself and/or my child, to **RELEASE, forever indemnify, defend, and hold harmless Nashoba Valley Acquisition Corp, Nashoba Hill Corp** and their owners, ski school instructors, officers, directors, volunteers, employees, affiliates, agents and assigns, (collectively as "RELEASEES") from liability for any and all loss or damage to myself or to my child or my or my child's property resulting from the RELEASEES' **NEGLIGENCE** or any other cause. I understand that the RELEASEES are not responsible for the consequences of their own **NEGLIGENCE**, that is, their failure to use reasonable care in any way. I acknowledge that I am freely and expressly assuming and accepting any and all risks of property damage, personal injury and death in connection with my or my child's use of the resort.
For myself and my child, I agree to **RELEASE**, indemnify, defend, and hold harmless the RELEASEES from any and all loss or damage that I or my child may cause to persons or property while using the resort or the snow tubing facility. This includes, but is not limited to, any and all claims for personal injury, death and/or property damage that may in any way arise out of use of the ski area, the resort.
- I understand that alpine skiing, snowboarding, other competitive and sports activities are **HAZARDOUS ACTIVITIES**. I understand that alpine skiing, snowboarding and the use of skis, snowboards, other equipment and lifts involves risk of injury to any and all parts of my body. I understand that there are numerous risks and dangers inherent in the sports of alpine skiing, snowboarding and other activities including but not limited to: surface or sub-surface snow or ice conditions whether natural or machine-made, the unevenness of the surface which contains rocks, bumps, ruts, stumps, the steepness of the terrain, jumps, ramps, terrain elements and other features, whether natural or man-made, collisions with other trail users, trees, poles or objects. I understand that having a Nashoba Valley Ski Area employee present does not lessen the amount or severity of the risks of these activities. I understand that Nashoba Valley Ski Area is not responsible for my safety. It is further understood that training or competing is more **HAZARDOUS** than recreational skiing and snowboarding. Furthermore, I understand that I must keep deliberate and conscious control of my physical body, both on the ground and in the air, while properly using my equipment in variable weather, snow and terrain conditions.
Initials: _____
- I hereby certify that I and/or my child are physically fit and have no medical conditions or allergies that affect my ability to participate in these lessons.
Initials: _____
- I recognize that my child must abide by the Skier Responsibility Code, obey the instructor, all posted behavior notices and all other ski area rules and policies. Any equipment my child may use while skiing or snowboarding will be used at our own risk.
- This agreement is governed by the applicable laws of Massachusetts. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect. In the event that any provision is found to be invalid, the provision shall be revised so that it is enforceable to the greatest extent possible. I agree and understand that any claim or lawsuit against the RELEASEES may be brought in the federal or state courts of Massachusetts only.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE CAREFULLY READ SNOWSPORTS SCHOOL RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENTS. I UNDERSTAND AND AGREE THAT THIS AGREEMENT WILL APPLY FOR EACH AND EVERY DAY PARTICIPANT ENGAGES IN ANY ACTIVITY DURING THE 2014-2015 WINTER SEASON WITHOUT REQUIRING UNDERSIGNED TO SIGN AN ADDITIONAL AGREEMENT FOR EACH DAY AND/OR EACH ACTIVITY UNTIL UNDERSIGNED REVOKE IT IN WRITING. I UNDERSTAND THAT MY SIGNATURE BELOW EXPRESSLY WAIVES ANY RIGHTS I HAVE TO BRING A CLAIM AGAINST OR SUE THE RELEASEES FOR INJURIES OR DAMAGES. I FURTHER UNDERSTAND THAT THIS IS A CONTRACT THAT LIMITS MY LEGAL RIGHTS AND THAT IT IS BINDING UPON ME, MY HEIRS, AND LEGAL REPRESENTATIVES.

SIGNATURE OF PARTICIPANT | PARTICIPANT'S PRINTED NAME | DATE

PARTICIPANTS UNDER 18 YEARS OF AGE: AS PARENT/GUARDIAN SIGNING THIS AGREEMENT FOR THE ABOVE NAMED MINOR, I ACKNOWLEDGE AND AGREE THAT I HAVE READ THE SNOWSPORTS SCHOOL RELEASE OF LIABILITY AND THAT BY SIGNING THIS RELEASE ON BEHALF OF THE MINOR, I AND THE MINOR AGREE TO BE BOUND BY ITS TERMS. I HEREBY AGREE TO RELEASE FROM LIABILITY, FOREVER DISCHARGE, INDEMNIFY AND HOLD HARMLESS RELEASEES FOR ANY CLAIM OR SUIT ARISING OUT OF SAID MINOR'S USE OF THE SKI AREA, THE RESORT OR THE SNOW TUBING FACILITY. . I FURTHER UNDERSTAND AND AGREE THAT THIS AGREEMENT WILL APPLY FOR EACH AND EVERY DAY PARTICIPANT ENGAGES IN ANY ACTIVITY DURING THE 2014-2015 WINTER SEASON WITHOUT REQUIRING UNDERSIGNED TO SIGN AN ADDITIONAL AGREEMENT FOR EACH DAY AND/OR EACH ACTIVITY UNTIL UNDERSIGNED REVOKE IT IN WRITING.

SIGNATURE OF PARENT OR GUARDIAN | DATE

BOWEN AFTER SCHOOL CARE PROGRAM, INC.
280 CYPRESS STREET, NEWTON, MA 02459
617-969-3130

**RELEASE FORM FOR CHILD TO LEAVE WITH SCHOOL PERSONNEL/NEWTON COMMUNITY ED. FOR
SCHOOL/COMMUNITY ED. RELATED ACTIVITIES, BASCP ENRICHMENT ACTIVITIES**

The Department of Education Early Education and Care regulations require that children participating in extracurricular activities have a completed release form on file.

I, _____, give my permission for my child,
(Parent/Legal Guardian)

_____, to attend activities outside of the Bowen After School Care
(Child's Name)

Program. My child will attend _____, on _____
(Activity) (Day(s) of the Week)

from _____ and **will/will not** be returning to the Bowen After School Care
(Time Child will Leave Program) (Please circle)

Program at _____.
(Time Child will Return to Program)

My child will be released to and signed out by _____, and will be
(Authorized Adult)

returned and signed in by _____.
(Authorized Adult)

I understand that the Bowen After School Program, Inc. is not under any circumstances responsible for my child once they have been signed out and released to the above program/activity. I understand that my child will not be supervised by Bowen After School Program, Inc. staff while s/he is away from the program. I understand that I am responsible for my child once s/he leaves the program. I understand that the Bowen After School Care Program, Inc. will only resume responsibility for my child once the child has been returned to and signed back into the Bowen After School Care Program, Inc. by the authorized adult named above.

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation or if s/he does not honor this contract.

(Parent/Legal Guardian Signature)

(Date)