

CASCADE MOUNTAIN

Release of Liability & Cascade Kids Enrollment Form

RELEASE OF LIABILITY

In consideration for the enrollment of my child in Cascade Kids, I the undersigned individually and as a parent and natural guardian, hereby release and fully discharge Cascade Mountain, Inc., Cascade Mountain Management Corp., Walz Family Corp., their owners', agents and employees from any and all liability resulting from any personal injury or damage suffered by my child while participating in Cascade Kids, which is in any way caused by the negligence of Cascade Mountain, Inc. or any of it's owners, agents or employees.

CAUTION: READ BEFORE SIGNING — This release affects your child's legal rights and will bar you and your child's right to sue!

Parent's Signature

Date

CASCADE KIDS ENROLLMENT FORM

1st Child's Name (First and Last)	2nd Child's Name (First and Last)	3rd Child's Name (First and Last)
_____	_____	_____
AGE: _____ D.O.B. _____/_____/_____	AGE: _____ D.O.B. _____/_____/_____	AGE: _____ D.O.B. _____/_____/_____
<input type="checkbox"/> SKI <input type="checkbox"/> BOARD • <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> WEEKDAY	<input type="checkbox"/> SKI <input type="checkbox"/> BOARD • <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> WEEKDAY	<input type="checkbox"/> SKI <input type="checkbox"/> BOARD • <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> WEEKDAY
ABILITY LEVEL: 1 2 3 4	ABILITY LEVEL: 1 2 3 4	ABILITY LEVEL: 1 2 3 4
FOOD/DRINK RESTRICTIONS	FOOD/DRINK RESTRICTIONS	FOOD/DRINK RESTRICTIONS
ALLERGIES	ALLERGIES	ALLERGIES
SPECIAL CONSIDERATIONS	SPECIAL CONSIDERATIONS	SPECIAL CONSIDERATIONS

Parent/Guardian Name

Home Phone

Cell Phone

Address

City

State

Zip

ADDITIONAL PERSONS AUTHORIZED TO SIGN THE CHILD(REN) OUT OTHER THAN THE PARENT/GUARDIAN ABOVE:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

- We will register children ONLY between the ages of 4-12.
- I understand my child may be riding the lift unattended after proper instruction.
- I understand that Cascade Mountain representatives may be taking photos or videotapes of my child while he/she is a participant in this program. I agree to allow any photos and/or tapes to be used in publications or promotions now or in the future.

I CERTIFY THE ABOVE NAMED MINOR(S) ARE PHYSICALLY FIT TO PARTICIPATE IN THE CASCADE KIDS PROGRAM.

Parent's Signature

Date