

2020 Athlete Information:

First:	Last:			
DOB:	Age (min. 7 y/o):	Grade Completed: _	Gend	ler:
Choose program: ☐ MST ☐ gO Girls (Mo	n & Wed only)			
Interested in competing? \Box	YES • NO Comp	etition is not required.		
Experience Level: Returning from CBMST programmer.	am			
☐ Attended last season's Mour	ntain Adventures mounta	ain bike program		
☐ Attended similar mountain b	oike program		·	
☐ No organized mountain biki	ng program experience,	but great mountain bike s	skills & experie	ence.
Program: June 8th - August 21st	2020.			
☐ Full Program 2 days a week al	l summer (11 weeks). Whi	ich 2 days of the week	&	\$1340 + tax
☐ Build your own schedule \$67/6	day +tax. Pricing will incr	rease to \$77/day +tax when	registering afte	r June 5, 2020.
10% discount for 2019-20 winte	r CBMST athletes!			
Vail Resorts Employee Discount	: Available for all summ	er 2020 Employees depend	dents.	
Please list dates if you are not doin	ng the Full Program:			

Payment: Please arrange payment with Rosa Greeley at (970) 349-2233 or Rsgreeley@vailresorts.com

CBMST

Crested Butte Mountain Resort
Mt. Crested Butte, CO 81225
For questions please contact Woody Lindenmeyr (970) 349-4441
hvlindenmeyr@vailresorts.com

CHILDREN'S DAY CAMP & CHILD CARE RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

WARNING: PLEASE READ CAREFULLY BEFORE SIGNING! THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS

- 1. My child is participating in a recreational day camp and/or child care. I understand that participation involves a number of recreational activities, which may include zip lining, rock climbing, ropes/challenge courses, bungee trampoline, road or mountain biking, using a bike park, rollerblading, kayaking, canoeing, rafting, paddle boarding, hiking, golfing, frisbee golfing, archery, horseback riding, caving, rock climbing, swimming, ice skating, camping, field trips, transportation by motor vehicle, martial arts, archery, laser tag, petting zoo, bounce houses, miniature golf and other recreational activities (the "Activity"). I understand that PARTICIPATING IN THE ACTIVITY AND USING SKI AREA FACILITIES, INCLUDING THE LIFTS, FOR ANY PURPOSE, CAN BE HAZARDOUS AND PRESENTS A RISK OF PHYSICAL INJURY OR DEATH.
- 2. I ACKNOWLEDGE THAT THIRD PARTY VENDORS, NOT AFFILIATED WITH THE RESORT, MAY PROVIDE AND OPERATE MANY OF THE ACTIVITIES AND THAT THE RESORT MAKES NO WARRANTIES OR REPRESENTATIONS REGARDING THESE PROVIDERS.
- 3. I EXPRESSLY ACKNOWLEDGE AND ASSUME ALL RISKS AND DANGERS associated with the Activity. I understand that the risks and dangers include, but are not limited to: the negligence of other participants and instructors; falling; equipment malfunction; sharing the facilities with others; not following the direction of the Activity provider or third party vendor's personnel; high speeds; slick or uneven surface conditions; variations in slope, surface and subsurface terrain; rugged mountainous terrain; bumps; forest growth; downed timber; rocks of various sizes; course and venue configuration and/or conditions; marked and unmarked obstacles; varying conditions; collisions or accidents when traveling by vehicle to/from an activity site; contact with wild animals or allergens; becoming lost or separated; forest and/or other fires; lightning, snow, storms and other adverse weather; strenuous activity; fatigue; exhaustion; dehydration; heatstroke; hypothermia; high elevation; and altitude sickness.
- 4. IN CONSIDERATION FOR MY CHILD BEING ALLOWED TO PARTICIPATE, I AGREE TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE Vail Resorts, Inc., The Vail Corporation, each of their parent and affiliated companies and subsidiaries, the United States, the resort owner/operator, land owner, equipment manufacturer, and all their respective insurance companies, successors in interest, commercial and corporate sponsors, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") FROM ANY AND ALL LIABILITY and/or claims for injury or death to persons or damage to property arising from the Participant's participation in the Activity, INCLUDING THOSE INJURIES AND DAMAGES CAUSED BY ANY RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE (including failure to take reasonable steps to protect against the risks of the Activity) OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF ANY RELEASED PARTY TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT AGASINT THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITY. I TAKE FULL RESPONSIBILITY FOR ANY INJURY OR LOSS to me or my child, including death, which I or my child may suffer, ARISING IN WHOLE OR IN PART OUT OF THE ACTIVITY.

I AGREE TO PAY ALL COSTS AND ATTORNEY'S FEES INCURRED BY ANY RELEASED PARTY IN DEFENDING A CLAIM OR SUIT BROUGHT BY ME, ON MY CHILD'S BEHALF, OR AS A RESULT OF MY CHILD'S PARTICIPATION IN THE ACTIVITY.

In consideration for allowing my child to participate in the Activity, I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT MY CHILD OR I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, including those of which I am not aware, those not mentioned in this release and those resulting FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.

- **5.** I represent that my child is in good health and has no special problems with his or her physical or mental condition. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for my child which may be necessary and agree to be fully responsible for any associated costs.
- 6. I agree that ANY AND ALL CLAIMS FOR LOSS, INJURY AND/OR DEATH REGARDING AN ALLEGED INCIDENT SHALL BE GOVERNED BY THE LAW OF THE STATE WHERE THE ALLEGED INCIDENT OCCURRED AND EXCLUSIVE JURISDICTION SHALL BE IN THE STATE or federal court sitting in the district where the alleged incident occurred, except that all cases arising out of an alleged incident at (a) Heavenly Mountain shall be governed by California law and the exclusive jurisdiction of any such claim will be a California court of competent jurisdiction; and (b) Hunter Mountain shall be governed by New York law and the exclusive jurisdiction of any such claim will be in the Supreme Court of the State of New York, County of Greene or in the United States District Court for the Northern District of New York.
- 7. I represent that I am the parent or legal guardian of the child listed below and VOLUNTARILY GRANT PERMISSION FOR MY CHILD TO TAKE PART IN THE ACTIVITY. I acknowledge that I am signing this release on behalf of my child and that my child ALL BE BOUND BY ALL THE TERMS OF THIS AGREEMENT. I AGREE TO INDEMNIFY THE RELEASED PARTIES FOR ALL LIABILITY AND CLAIMS, INCLUDING ATTORNEYS' FEES, ARISING FROM ANY MISREPRESENTATIONS IN OR FRAUDULENT EXECUTION OF THIS AGREEMENT.
- 8. I understand that this release shall apply during every time my child participates in the Activity during the season and that this release shall be binding to the fullest extent permitted by law. If any part of this release is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. This release shall be binding upon my and my child's assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

MINOR PARTICIPANT	INFORMATI	ON - Requires	Parent/G	uardian to Complete, Sig	n & Date Below	
MINOR #1 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)		MINOR #2 – Last Name, First Name, M.I. (print)		Date of Birth (MM-DD-YYYY)	
MINOR #3 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)		MINOR #4	– Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	
PARENT/GUA	RDIAN INFO	ORMATION -	Required t	to Complete, Sign & Date	Below	
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PARENT/GUARDIAN - Last Name, First Name, M.I. (print)		Date of Birth (MM-	DD-YYYY)	SIGNATURE OF PARENT/GUARD	DIAN DATE	
EMERGENCY CONTACT (print)		RELATION		PHONE NUME	BER	



2020 Mountain Sports Registration

(If you have filled this out for Mountain Adventures you do not have to fill it out twice) Please complete the following for each child:

Last Name_____ First Name____ Date of Birth______ Parents Email(s)_____ Name of Parent or Guardian _____ Home Address Employer/Address/Phone Phone Additional Emergency Contacts: Name______ Phone_____ Relationship to child______ Name Phone Relationship to child Child Pick-Up At the end of the day my child should be dropped off: (please check) May bike home on their own Will be picked at Camp CB at 3:30pm by a parent or one of the following Name & Number Name & Number **Medical History** List any medical issue CBMR should be aware of: List any know drug or food reactions or allergies: Does your child carry an Epi-Pen? YES NO. Does your child carry an inhaler? YES NO Will your child bring any medications to camp? YES NO List any medications, prescriptive and non-prescriptive, the child currently takes. If your child will bring any medication to camp you must complete a copy of the Authorization for Administering Medication form. Name of medication Dosage & Frequency Prescribing Physician Physician's Name Phone Address

Childs Name				
Authorization for Emergency Medical Care				
services on behalf of my child and for a docto medical or surgical care for my child. Should an emergency arise, it is under	fficials to contact a doctor or emergency medical or, hospital or medical service to provide emergency restood that camp officials will make a conscientious below before any action is taken. If it is not possible to of emergency medical or surgical treatment.			
Initialed on this date				
Hospital of choice is: Gunnison Valley Health	711 N. Taylor St. Gunnison CO. 81230 (970) 641-1456			
I hereby give permission for my child t Mountain Express. I understand that CBMR child is properly belted throughout the trip. Mountain Express busses, which are driven be	rehicles will not be tolerated and is grounds for nd.			
	y child.			
During the Mountain Sports program, we will use for promotional purposes. Your child may videos. By indicating below, you grant Creste	edia Release I be taking photographs and/or video of participants to ay appear in one or more of these photographs or ed Butte Mountain Resort the right of publicity to own of your child participating in Mountain Sports.			
I DO grant permission for media releaI DO NOT grant permission for media	ase to Crested Butte Mountain Resort. release to Crested Butte Mountain Resort.			
Initialed on this date				
Late Chi	ild Drop-off Policy			
CB drop-off location. Every camper is require activity day, unless stated otherwise on sign. Licensing agreement and no exceptions are a not accept campers who are late for offsite actogether, from the beginning of all activities to activity day. This best practice benefits the in	ar campers to be dropped off on time and at the Camped to have a Parent or Guardian sign-in for each up forms. This is required by our State of Colorado llowed. In addition to the sign in requirements, we do tivities. It is best practice to have all campers of cover safety rules, guidelines and expectations for the instructors and sets up all participants for activity he activity has left the Camp CB drop-off area, ivity and will be unable to participate.			
Initialed on this date				