CAMP ASPEN SNOWMASS

P.O. Box 1248
Aspen, Colorado 81612

Dear Camp Aspen Snowmass Parent,

We have received your registration for the 2012 Camp season. Our goal is to provide a fun, educational and safe environment for your child through a stimulating and adventure-based camp. Years of experience, well trained staff and a beautiful setting make Camp Aspen Snowmass a perfect choice for children ages 1 to 16 yrs. Your child will enjoy every moment.

As a state licensed facility, you are required to **BRING THE FOLLOWING ON YOUR FIRST DAY OF CAMP:**

_____ **YOUR ORDER #** and/or copy of your on-line order

_____ **COMPLETED INFORMATION AND MEDICAL RELEASE FORMS (pages 6 thru 9)**

_____ Copy of **IMMUNIZATION RECORDS** – ALL campers attending Camp Aspen Snowmass must provide for Camp Licensing

_____ **LUNCH is not included for ages 3 – 16 yrs.**
Please pack your own bag lunch (must be nut-free) OR bring $5 (3–4 yr. olds); $10 (5–16 yr. olds) to purchase lunch

LUNCH is included for ages 1 – 2 yrs.

_____ **CAMP ATTIRE** for first day: sunscreen, hat, jacket, water bottle, walking shoes, bathing suit and towel (on swim days). PLEASE LABEL EVERYTHING.

Due to licensing requirements, **CHILDREN 5 YRS. AND YOUNGER WHO ATTEND CAMP FOR 10 OR MORE DAYS** must also bring the following:

_____ Statement of the **Child's Current Health Status signed by an approved health care professional** who has seen the child in the last 12 months.

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PLEASE SIGN UP FOR ALL PROGRAMS/ACTIVITIES IN ADVANCE (online or through our advanced sales department) to ensure your child is registered for the more popular programs such as Paintball, Tennis, Horseback Riding and Rocket Camp. Visit us on the web www.aspensnowmass.com/camp for daily programming schedules. Special activities (i.e. horseback riding, paintball, private lessons, etc.) are non-refundable unless cancelled at least 48 hrs. in advance. Daily "reservations" must be cancelled by 3:00 p.m. at least one day prior for full refund. Tickets without reservations are fully refundable.

Each child will be given a CAMP CARD that they will need to bring to Camp every day. Daily activity tickets will be loaded onto these cards. There is a $5 replacement fee for lost cards.

Our expert Camp Aspen Snowmass counselors look forward to a summer of adventure, fun and excitement. If you have any further questions or would like to make reservations, please feel free to call us or visit us on the web.

For information and reservations: (877) 282-7736 or (970) 923-1227
The Treehouse – camp office (970) 923-8733
www.aspensnowmass.com/camp

Sincerely,
Sue Way
Camp Director

TREE HOUSE
KIDS' ADVENTURE CENTER

CAMP ASPEN SNOWMASS

2012 THINGS TO KNOW ABOUT CAMP:

Camp Hours: Monday thru Friday — 8:00 a.m. – 4:00 p.m. Note: Half day programs are from 8:00 a.m. – 12:30 p.m.

Camp Dates: June 4 thru August 31 — Limited programming during our early season, June 4–June 22, 2012 and late season, August 26 – August 31, 2012

Drop Off: ASPEN: 8:00-8:30 a.m. at Yellow Brick Schoolhouse (between First & Garmisch on Bleeker St.)
Children MUST be at least 4 years old to ride the bus. No exceptions due to licensing.
SNOWMASS: 8:00 - 9:00 a.m. at the Treehouse in Snowmass Base Village

Pick Up: ASPEN & SNOWMASS: 3:45 p.m. at locations listed above. Inquire about late pick-up arrangements

Lunch: NOT INCLUDED Children ages 3 – 14 yrs.
1) You can bring your own lunch (must be nut-free)
2) You can purchase at Camp: Ages 3 and 4: $5.00; Ages 5 and above: $10.00
3) If you are enrolled in Adventure Camp (children 8 yrs. and up) you may purchase at the Snowmass Mall (Camp Staff will supervise)

INCLUDED ages 1-2 yrs. * Lunch is included for children participating in our Cubs Program

What to Bring: Dress appropriately for scheduled activities. Please LABEL EVERYTHING.
Make sure to include proper footwear for hiking and outdoor activities, light waterproof jacket, hat, water bottle, swim suit & towel (when scheduled). Please provide a change of clothes for young campers.

Parent's MUST: Sign campers in and out daily with Camp Staff
Provide a daytime contact phone number, end of day pickup location and any special requests
You MUST bring your Camp Aspen Snowmass issued SECURITY PASS for pickup

HOW TO SIGN UP For information and reservations: (877) AT-ASPEN (877-282-7736) or (970) 923-1227
For cancellations or to book private lessons: (970) 923-8733 (Camp office at The Treehouse)
www.aspensnowmass.com/camp

CANCELLATION POLICY: Special activities (i.e. Horseback riding, private lessons) are non-refundable unless cancelled at least 48 hrs. in advance
Daily "reservations" must be cancelled by 3:00 p.m. at least one day prior for full refund
Tickets without reservations are fully refundable

CAMP PASS: Best Value for children who plan on spending three or more days at Camp Aspen/Snowmass
Pass allows you to receive discounted daily rate (see rates below)
Available until June 8th $279 per child
After June 8th $349 per child
PASS IS NOT VALID FOR THE CUBS PROGRAM. Pass is non-refundable and non-transferrable.

AGE GROUPS: Children are divided according to age and program
1 to 2 yr. olds must be walking on their own
3 to 4 yr. olds must be Potty Trained to participate in Jr. Base Camp (or they will be placed in the Cubs Program)
Children must be the appropriate age for their program by June 1st, 2012.

RATES	AGES	Daily Rate	Half Day Rate	Camp Pass holder Daily Rate
CUBS	1 to 2 yrs.	$102	$72	**N/A**
JR BASE & BASE CAMP	3 to 10 yrs.	$102	$72	$47
ADVENTURE CAMP	5 to 14 yrs.	$149	$82	$65
TEEN CAMP	12 to 16 yrs.	$102	N/A	$81
MOUNTAINBOARD CAMP	5 to 16 yrs.	$102	N/A	$81
ROCKET CAMP **2-day: ages 4-5 yrs. / 3-day: ages 6-10 yrs.**	4 to 10 yrs.	2-day: $204	3-day: $306	$162 / $243
OVERNIGHT CAMP	6 to 16 yrs.	$149	N/A	$99
GUIDED PRIVATE ADVENTURES	**All ages**	**$239 / 3 hrs.**	**$439 / 6 hrs.**	**Up to 4 people Additional person @ $54/pp Maximum of 6 people**

CAMP ASPEN SNOWMASS

2012 PARENT INFORMATION SHEET

This program is licensed by the State of Colorado and follows state requirements outlined for school age programs.

PHILOSOPHY AND GOALS

To provide a stimulating, high quality Day Camp and Childcare Program based on the developmental needs of children. To establish a safe environment that provides opportunities for children ages 1 yr. to 16 yrs. to explore the great outdoors through enriched educational and recreational activities.

NON-DISCRIMINATION POLICY

Camp Aspen/Snowmass does not discriminate in their enrollment or employment on basis of race, religion, national origin, sex or age. Children with special needs are welcome in our program provided we can meet their needs. Please let us know if your child has any special requirements so that we may review the situation carefully to determine if our program is able to meet these needs.

ENROLLMENT PROCEDURES

Parents are required to fill out our enrollment papers by their first day of Camp.
As a STATE LICENSED FACILITY, we need your help in **BRINGING THE FOLLOWING TO CAMP ON YOUR FIRST DAY:**

- **INFORMATION AND MEDICAL RELEASE FORM**
- Copy of **IMMUNIZATION RECORDS**
- **CHILDREN 5 YEARS AND YOUNGER WHO ARE ATTENDING CAMP FOR 10 OR MORE DAYS** must also bring a **Statement of the Child's Current Health Status signed by an approved health care professional** who has seen the child in the last 12 months.

PLEASE SIGN UP FOR ALL PROGRAMS / ACTIVITIES IN ADVANCE (online or thru our advanced sales department) to ensure your child is registered for the more popular programs such as Paintball, Tennis, Horseback Riding and Rocket Camp. Visit us on the web for specific details on daily programming schedules.

PARENTS' RESPONSIBLITIES

- Sign the children in and out daily and provide emergency phone numbers.
- Provide the camp with a list of authorized adults who can pick up their child. Camp will require you to bring your Camp Aspen Snowmass SECURITY PASS or proof of identification at pick up. If your child is allowed to walk home or take the public bus independently you must complete an authorization release form.
- Sign an authorization release form if your child is allowed to purchase lunch unsupervised on the mall.
- Sign a release form for special activities (i.e. horseback riding, rafting, Glenwood Adventure Park, etc.)
- Complete a Medical Administrations Form for prescribed medicine if necessary.
- Provide the Camp with payment for daily & special programs.

CANCELLATION PROCEDURES

Special activities (i.e. Horseback riding, private lessons) are non-refundable unless cancelled at least 48 hrs. in advance. Daily "reservations" must be cancelled by 3:00 p.m. at least one day prior for full refund. Tickets without reservations are fully refundable.

IN CASE OF ILLNESS OR ABSENCE

You must call (970) 923-8733 and cancel by 7:00 a.m. if you wish to receive a make-up day, otherwise you will be charged for the day. Please note that Horseback Riding and all Private Adventures require cancellation at least 48 hrs. in advance for a full refund.

Our program is not staffed or licensed to care for ill children. Please do NOT bring a child to camp who is exhibiting symptoms of a cold, sore throat, rash, diarrhea, fever, or who has vomited in the past 24 hours. If you child develops any of these symptoms during the day, you will be contacted immediately and asked to pick up your child within the hour. It is the parent's responsibility to provide alternative care at this time. Your child's exposure to, or exhibiting any symptoms of any communicable disease (such as chicken pox, measles, mumps, whooping cough, strep throat, pink eye, RSV, etc) should be reported immediately to our staff. Exposure to communicable diseases will be posted to inform other parents. Outbreaks of certain diseases must be reported to the Center for Disease Control.

ADMINISTERING MEDICATION

Consent to administer all medications must be filled out by a parent with a staff member present. **The MEDICATION MUST BE IN ITS ORIGINAL CONTAINER STATING DOSAGE AND FREQUENCY.** The medication needs to be prescribed by a Doctor. Those children with allergies that require an Epipen, will need to fill out a special form. Please let us know of any allergies so that we can give your child an allergy tag. The Treehouse is a nut free zone.

IN CASE OF EMERGENCY

Each day your child attends Camp, parents will be asked to provide an emergency telephone, cellular, or pager number on our sign in sheets. In the event of a medical emergency, the parents will be notified, an EMT will be called and the child may be transported to Aspen Valley Hospital. Staff members are trained in first aid and CPR. Accident reports will be filled out by a staff member. Evacuation notices are posted in each room of the building in case of fire or other disaster. The fire department schedules fire drills and practices evacuation procedures at least once a year for our building.

TRANSPORTATION

The staff conducts field trips and excursions away from Camp property. Permission to include your child is on our registration agreement. Transportation will be provided by Camp 15-21 passenger vehicles with seat belts, a 25-passenger town shuttle or public bus..

FIELD TRIPS WILL BE POSTED DAILY. SOME SPECIAL ACTIVITIES WILL REQUIRE PARENTAL PERMISSION AND WILL NEED TO BE SIGNED BY THE PARENT ON THE DAY OF THE EVENT.

DISCIPLINE

Our approach to discipline is through positive guidance (asking the child for the desired behavior) rather than negative statements. We have the right to refuse attendance based on Childcare Licensing Guidelines for behavioral issues. A COPY OF OUR DISCIPLINE POLICIES IS POSTED IN THE MAIN OFFICE OF CAMP ASPEN SNOWMASS. Your child will need to acknowledge this Code of Conduct before attending Camp.

CAMPER CODE OF CONDUCT

- Campers need to respect each other and staff. No cursing, hitting, punching, biting, spitting or bullying.
- Camp maintains an age appropriate environment. We do not tolerate inappropriate language and actions.
- Camp will not tolerate the presence of any type of weapon; this includes pocket knives.
- Physical violence or acts of harassment will not be tolerated.
- Violation of the above rules may result in removal from the program.

LICENSING / CHILD ABUSE INFORMATION

Most licensed facilities make every effort to provide a safe and healthy environment for children. Unfortunately, on rare occasions, an incident of physical or sexual abuse may occur. If you believe that your child has been abused, you should seek immediate assistance from your county department of social services. The phone number to report child abuse for the Pitkin County Department of Social Services is (970) 429-2040. Colorado law requires that child care providers report all known or suspected cases of child abuse or neglect.

Child care services play an important role in supporting families, and strong families are the basis of a thriving community. Your child's educational, physical, emotional, and social development will be nurtured in a well planned and well run program. You are welcome to observe the program, with regard to the children's health, safety, equipment, play materials, and staff.

For information about the childcare facilities or complaints contact:
Department of Human Services, Division of Childcare
1575 Sherman St., Denver
CO 80203-1714
(303) 866-5948.

MISCELLANEOUS

- Please label all articles.
- We are not responsible for lost items.
- Do not send more than $20 with your child.
- *Do not send electronic devices, iPods, toys, games or other items of value from home.*

CAMP ASPEN SNOWMASS

KID'S AGREEMENT

REMEMBER TO ALWAYS….

1. Use nice words and actions.
2. Share things that belong to Camp.
3. Take only the things that belong to you.
4. Treat all games, equipment and Camp property with respect.
5. Be nice to all kids and counselors at Camp.
6. Not bring anything to Camp that could hurt anyone else.
7. Have a really awesome time at camp every day!

If you break the Agreement you may be asked not to come back to Camp… and that would make us very sad.

TREE HOUSE
KIDS' ADVENTURE CENTER

CAMP ASPEN SNOWMASS

2012 INFORMATION & MEDICAL RELEASE FORM

IN ADDITION TO THE INFORMATION SUPPLIED BELOW:

1. All children enrolled in the program are responsible to provide **A CURRENT IMMUNIZATION RECORD**. **PROVIDED** _____
2. Children 5 yrs. and under must submit a **STATEMENT OF THE CHILD'S CURRENT HEALTH STATUS SIGNED BY AN APPROVED HEALTH CARE PROFESSIONAL** who has seen the child within the last 12 months. **PROVIDED** _____

First Date of Attendance:		
Child's First and Last Name:		AGE: D.O.B.: M or F
Mom's Name:	Cell Phone:	Mom's Work phone # and address:
Dad's Name:	Cell Phone:	Dad's Work phone # and address:
Permanent Address:		
Email:	Local Address:	

AUTHORIZED PERSON(s) to pick up camper:

NAME: PHONE:

ADULT EMERGENCY CONTACT - if parent cannot be reached, adult that can be responsible for child in case of an emergency (do not need to be in Colorado):

NAME: PHONE:

IN CASE OF MEDICAL EMERGENCY, child will be transported to ASPEN MEDICAL CARE or ASPEN VALLEY HOSPITAL.
IN CASE OF DENTAL EMERGENCY, child will be transported to KARINA REDKO, DDS.

Circle YES or NO			Please provide additional information as needed					
ALLERGIES:	Y	N						
Illness - past 24 hours:	Y	N						
Chronic Medical Problem / Special Needs:	Y	N						
Any physical or emotional condition(s) requiring special attention by staff:	Y	N						
Current Medication:	Y	N						
Food/Drink Restriction:	Y	N						
Reaction to Live Animals:	Y	N						
May use our SUNSCREEN	Y	N	May use our BUG SPRAY	Y	N	May watch TV / VIDEO	Y	N
I give permission for my child to go on field trips and to use transportation supplied by Aspen Skiing Company	Y	N	I give permission for Camp Aspen Snowmass to administer Tylenol to my child if needed	Y	N	I have read and acknowledge the Camp Aspen Snowmass Code of Conduct for my child	Y	N
Campers over the age of 8 yrs. only: I give my child permission to purchase lunch unsupervised in the Snowmass Mall	Y	N	**Campers over the age of 12 yrs. only:** I give my child permission to sign out of Camp at the end of the day and walk/bus to his/her home	Y	N			

PHYSICIAN'S NAME	**Phone #**
DENTIST'S NAME	**Phone #**

CAMP ASPEN SNOWMASS

RELEASE AND WAIVER OF LIABILITY AGREEMENT

In consideration of _____ (hereinafter referred to as the "Child"),

aged _____, being permitted to participate in the Aspen Skiing Company's ("ASC's") Camp Aspen/Snowmass Program (hereinafter referred to as "Program"), the undersigned, being at least 18 years of age and being the parent or legal guardian of the Child, on behalf of myself and the Child, agrees to the terms and conditions of this agreement.

INITIALS:_____

I understand that the Program involves numerous activities that require the Child to be in good physical health. I hereby represent that the Child is in good health, that there are no special problems associated with the care of the Child, and I have left no special instructions regarding the Child other that those listed in writing on the registration form.

ON BEHALF OF THE CHILD, I ACCEPT AND CLEARLY UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED IN PARTICIPATING IN CAMP ASPEN/SNOWMASS ACTIVITIES AND PROGRAMS THAT CANNOT BE ELIMINATED AND THAT INJURIES MAY OCCUR IN THESE ACTIVITIES. I AM VOLUNTARILY PLACING THE CHILD IN THE PROGRAM WITH FULL KNOWLEDGE OF THE RISKS INVOLVED AND, FOR MYSELF AND ON BEHALF OF THE CHILD, FREELY ASSUME AND ACCEPT RESPONSIBILITY FOR ALL RISKS THAT MAY BE ASSOCIATED WITH OR RESULT FROM THE CHILD'S PARTICIPATION IN THE PROGRAM.

I therefore, for myself, the Child, our respective heirs, successors and assigns, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, AND AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND THE ASPEN SKIING COMPANY, its owners, partners, agents, and employees from and against any and all liability, claims, actions, causes of action, suits, and expenses (including reasonable attorney's fees) and NEGLIGENCE of any kind or nature, whether foreseeable or not, arising directly or indirectly out of any and all damage, injury, paralysis, or death to the Child resulting from participation of the Child in the Program, any activity associated with the Program, or in any way related to the program, or the transportation of the Child as provided herein, or to persons or property which the Child may cause or contribute to with another child in the Program, whether such damage, loss, injury, paralysis, or death results from the NEGLIGENCE of ASC, its respective owners, partners, agents, or employees, or from some other cause.

INITIALS:_____

I authorize ASC's appropriate personnel to call for medical care for the Child or to transport the Child to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed for the Child. I understand that a conscientious effort will be made to contact me before any such action is taken. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of the Child, in their professional opinion. I agree that once the Child is transported to the medical facility or hospital, ASC shall have no further responsibility for the Child. I agree to pay all costs associated with such medical care and transportation.

INITIALS:_____

I acknowledge and accept the fact that there may be children enrolled in this program that are not immunized.

INITIALS:_____

I, the undersigned, do hereby give Aspen Skiing Company and any parties designated by Aspen Skiing Company, including clients, licensees, agencies, and periodicals, the irrevocable right to use the photograph of the Child and name (and any fictional name), without compensation, for sale to and reproduction in any medium for purposes of advertising , trade, display, exhibition, or editorial use.

INITIALS:_____

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY ACCEPT THE TERMS OF THIS WAIVER AND RELEASE AGREEMENT.

_____ _____

PARENT / LEGAL GUARDIAN SIGNATURE **Date**

ASPEN SKIING COMPANY
ACTIVITY PARTICIPATION, WAIVER AND RELEASE AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS

In consideration for me being permitted by Aspen Skiing Company, LLC ("ASC") to participate in **Activities**, which include: day camping, overnight camping, bicycling, scootering, mountainboarding, eurobungy tramping, fishing, paintball, climbing wall, skateboarding, rollerblading, yoga hiking and travel on and around the Snowmass Ski Area and/or Aspen Mountain Ski Area (hereinafter collectively referred to as the "**Activities**"), I agree to the following waiver and release: I acknowledge that participating in the **Activities** has inherent risks, hazards, and dangers for any participant that cannot be eliminated, particularly in mountainous terrain and on non-maintained dirt roads, trails, and other surfaces. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

(1) Risks arising from the **Activities**, and traveling on areas open to the public that are not patrolled; where surface conditions vary, are uneven, unpredictable, and change; where the surface may include rocks, tall grass, slippery grass, bumps, ruts, stumps, roots, brush, and other objects that may not be visible; where hazards exist and may not be visible; where roads, trails, and other areas and surfaces are not groomed, maintained or controlled; where the steepness of the terrain changes and varies; where other people may be encountered; and where weather is changeable and unpredictable and can partially or totally change the character and difficulty of the surface;

(2) Risks associated with falls that are common and frequent while participating in the **Activities**, and traveling on mountainous terrain and on dirt roads, trails, and other surfaces and that can result in serious injuries, paralysis, and death;

(3) Risks involved in decision-making and route selection in mountainous terrain; and

(4) Such other risks, hazards, and dangers that are integral to participating in the **Activities**, and traveling in a wilderness environment, in mountainous terrain, on dirt roads, trails, and other surfaces.

I also acknowledge that ASC's staff will be available to more fully explain to me the risks, hazards, and dangers associated with participating in the **Activities**. I understand that participating in the **Activities** requires good physical conditioning and a degree of skill and that participating in the **Activities** can be hazardous to both my health and personal property, and that transportation used for the **Activities** on mountainous terrain can breakdown or otherwise develop problems. I understand that I have responsibilities as a participant in this event. I AM VOLUNTARILY PARTICIPATING IN THE **ACTIVITIES** ON AND AROUND THE SNOWMASS SKI AREA AND/OR ASPEN MOUNTAIN SKI AREA WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS OR DEATH THAT MAY RESULT.
Lastly, I, for myself, my heirs, successors, executors, and subrogors, hereby KNOWINGLY AND INTENTIONALLY WAIVE, RELEASE, INDEMNIFY AND HOLD HARMLESS ASC, its owners, directors, officers, employees, and agents from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney's fees) and ORDINARY NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my being transported and/or my participation in the **Activities** on and around the Snowmass Ski Area and/or Aspen Mountain Ski Area, in mountainous terrain, on non-maintained dirt roads, trails, and other surfaces, whether such damage, loss, injury, paralysis or death results from the ORDINARY NEGLIGENCE of ASC, its owners, directors, officers, employees, or agents, or from some other cause. This release is intended to be a comprehensive release of liability but is not intended to assert defenses which are prohibited by law. I intend that the provisions of this release shall be severable.

_____ _____ _____
Please Print Name of Participant **Date** Primary IP#

_____
Street Address **City** **State** **Zip**

_____/_____/_____ _____ _____
Date of Birth **Cell Phone** **Email**

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

_____ _____ _____
Witness **SIGNATURE of Parent or Guardian** **Date**

IF THE PARTICIPANT LISTED ABOVE IS A MINOR, A PARENT OR ADULT LEGAL GUARDIAN MUST EXECUTE THE INDEMNIFICATION BELOW.

INDEMNIFICATION, WAIVER, AND RELEASE AGREEMENT

In consideration for the above minor being permitted by the Aspen Skiing Company, LLC to participate in the **Activities** on or around the Snowmass Ski Area and to travel on Snowmass Ski Area and to participate in the **Activities** on or around the Aspen Mountain Ski Area and to travel on Aspen Mountain Ski Area, I agree to the following INDEMNIFICATION, WAIVER, AND RELEASE AGREEMENT:

The undersigned parent or guardian of the above minor, for themselves and on behalf of said minor, hereby joins in and agrees to the provisions of the foregoing Participation, Waiver, and Release Agreement and hereby agrees to save harmless, indemnify, and forever defend the Aspen Skiing Company, LLC, its owners, officers, agents, and employees, from and against any claims, actions, demands, expenses, liabilities (including reasonable attorney's fees) and ORDINARY NEGLIGENCE made or brought by on behalf of said minor, as a result of said minor's traveling and/or participation in the **Activities** on or around the Snowmass Ski Area and/or Aspen Mountain Ski Area, including without limitation, his or her presence and use of Aspen Skiing Company, LLC's properties or its facilities or equipment, or the property of any other person or his or her presence at the Snowmass Ski Area and/or Aspen Mountain Ski Area. This release is intended to be a comprehensive release of liability but is not intended to assert defenses which are prohibited by law.

I authorize Aspen Skiing Company personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed for the minor. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is transported to the medical facility or hospital, Aspen Skiing Company, LLC shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

_____
Date

_____ _____
SIGNATURE of Parent or Guardian **Emergency Contact Number**

_____
Print Name of Participant (under 18 yrs.)

FOR OFFICE USE ONLY:

_____ _____ ☐ **Snowmass** ☐ **Aspen Mountain**
Seller's Full Name **Date**