

2019 ICS Ski and Snowboard Contact Bus Form

Student Name _____ Grade _____

Home Address _____

Student DOB ____/____/____

1st Parent Name _____

1st Parent Cell phone Number _____

1st Parent email _____

2nd Parent Name _____

2nd Parent Cell phone Number _____

2nd Parent email _____

Participation Agreement & Liability Release

I/we recognize that snow sports activities are hazardous and could result in serious injury or death. I/we understand helmets are recommended, that providing/wearing an appropriate helmet is up to the participant and that exposure to injury or death may increase if I/we do NOT wear a helmet. I/we understand and agree that I/we may be riding the chairlifts with a student, instructor, a member of the public or I/we may be riding the lift alone. I/we have voluntarily made a choice to participate in this activity and accept the inherent risks. I/we accept my/our responsibility to be informed, behave prudently, and to read and abide by the Responsibility Code and all other posted behavior notices in these sports and in the ski area/mountain environment. I/we agree to Release, Forever Discharge, Defend, Indemnify, and Hold Harmless Youth Sports Services, Inc., JMS, Inc., Wednesday Afternoon Ski & Snowboard Program, LW School District or any of its schools, PTSA's/PTA's of any of their volunteers, the bus transportation company, JourneyLines.com, Stevens Pass, it's parent, subsidiary and affiliated companies, the U.S. Government-U.S. Forest Service, its/their respective agents, officers, directors, owners, contractors, volunteers, employees, insurers, and real and personal property owners, as well as equipment manufacturers and distributors, and all event sponsors (hereinafter "Releasees") of and from any and all liability, claims, liens, demands, actions and causes of action whatsoever arising out of or related to any loss, cost, damage or injury, including death, of any person or damage to property of any kind related in any way to the Program's operations or the errors or omissions of the Program, its agents, subcontractors, volunteers, or any other person directly or indirectly employed by them, or any of them, while engaged in any activity associated with this Agreement, whether contractually or otherwise. This Release is binding as to any other persons, including family members, heirs and executors. If I am signing on behalf of a minor, I guarantee I am duly authorized to do so. I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses, damages and/or claims incurred as a result of the minor's participation in or travels to and from the program.

Student _____

Parent / Legal Guardian Approval (if student is under 18) Date _____

Payment can be made check made out to Wednesday Afternoon Ski and Snowboard and send it to Candice Boyd at 5510 Lakeview Drive #E, Kirkland, WA or leaving it at the Front Office at ICS