

Depart: 8:00AM from Gorham Recreation Department / Return: 4pm at Gorham Recreation Department

All Ages Welcome

Participant Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____ Cell Phone: _____

Emergency Contact 1: _____ Emergency Phone 1: _____

Emergency Contact 2: _____ Emergency Phone 2: _____

Current Insurance Company/Policy Number: _____

Prices INCLUDE Transportation

Lift (Adult)	\$54 _____	10 Lane 2 Hr. Tubing	\$32 _____
Lift (Teen 13-18)	\$46 _____	Mountain Adventure	\$32 _____
Lift (Child 6-12/Sr. 65+)	\$40 _____	Combo Pass	\$52 _____
2 Hour Lesson	\$28 _____	Total:	_____
Ski/Snowboard Rental	\$25 _____		

I give (Student/Child Name)_____ permission to participate in the 2017 Gorham Recreation ski trip at Cranmore Mt. and agree to assume all responsibility in case of accident. **For myself and for the child, the undersigned agrees and understands that skiing is a hazardous activity, which may result in injury to my child or myself during his/her/my participation in Gorham Recreation ski program.** Trail conditions vary constantly because of weather changes and skier use. Natural and manmade obstacles, including other skiers may exist. Participants in the program are solely responsible for their speed and direction at any given time. Enrollment in the program shall not in any way eliminate the inherent risks in snow skiing. **In consideration of myself or my child being permitted to participate in the program, I hereby assume all risks in connection with myself or my child's participation in such activities and hereby release, indemnify, forever defend and hold harmless Cranmore Mountain and Gorham Recreation ski program along with their representatives, claims or action, in law or in equity, and from all claims by me, my child my child's estate, my family, estates, heirs and assigns arising in any way, directly or indirectly, from my child's participation in the Gorham Recreation ski program at Cranmore Mountain.** The undersigned further authorizes anyone working at Cranmore Mt. to call for such medical care for the child and to call for transportation of the child to the appropriate clinic or hospital if, in the opinion of anyone working at Cranmore Mt., medical attention is needed for the child. The undersigned agrees that upon calling for such medical care that Cranmore Mt. shall not have any further responsibility for the child.

I have carefully read the foregoing release language and completely understand its contents. **I SIGN THIS DOCUMENT FOR MYSELF AS AN INDIVIDUAL AND AS A PARENT OR GUARDIAN OF THE CHILD.**

DATE _____

Signature of Participant (If under 18 must be signed by parent/guardian)

WE HAVE RECEIVED AND REVIEWED ALL OF THE PACKAGE INFORMATION AND WE AGREE TO ABIDE BY ALL OF THE TERMS ASSOCIATED WITH THIS PROGRAM. WE ALSO UNDERSTAND THAT THERE IS NO REFUND GIVEN IF A PARTICIPANT IS EXPELLED FROM THIS PROGRAM AT ANY TIME.

PARENT/GUARDIAN SIGNATURE

PARTICIPANT SIGNATURE