

Please Fax Completed Form to 301.387.6550



Reservation Dates: Start: _____ Finish: _____

Childs Name: _____ Age: _____ Date of Birth: _____

Parents Name: _____ Phone # (home): _____

Address (home): _____

City: _____ State: _____ Zip: _____

Phone# (local): _____ Phone# (cell): _____

Email: _____

| | | | | |
|---------------------------|------------|------------------|--------------------------|-----------------------|
| Please circle one: | SKI | SNOWBOARD | DROP IN CHILDCARE | KIDS NIGHT OUT |
|---------------------------|------------|------------------|--------------------------|-----------------------|

***Drop In Childcare Guests do not have to complete the activities release agreement.**

Names of persons other than parents authorized to pick up child: _____

Emergency Contacts: Primary: _____ Phone #: _____

Health History

Family Physician: _____ Phone #: _____ Date of last Physical: _____

Does you child have any of the following?

| | Yes | No | Comments: |
|---|--------------------------|--------------------------|----------------------|
| Vision Problem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Hearing Problem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Speech / Language Problem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Physical Illness or impairment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Mental, Emotional or Behavioral Problem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Developmental Delay | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Health condition which may require care or emergency action (specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Child is currently taking medication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| This child is in good physical & mental health. Child is free of any & all communicable disease & may participate in all activities. If not, list all restrictions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

If your child is enrolled in a public school in one of the states below, an immunization record is not required. Please provide public school name.

Name of Public School: _____

Date of last Tetanus Vaccination: _____

MD, PA, OH, WV, VA, NC, DE, Washington, D.C.

Immunization records required if child does not attend a public school in the states listed.

I understand that skiing/snowboarding is a hazardous sport involving inherent and other risks of injury to any and all body parts of my child, including death. IT IS ALSO A PURELY VOLUNTARY ACTIVITY THAT MY CHILD AND I CAN FREELY CHOOSE NOT TO PARTICIPATE IN. I further understand that injuries in the sport are a common and ordinary occurrence, and I freely accept and assume all risk of injury and death that may result while the child named _____ is enrolled in the Willy Wisp Program.

I, ON BEHALF OF MYSELF, MY HEIRS, NEXT OF KIN, EXECUTORS, SUCCESSORS AND ASSIGNS, do hereby release and hold harmless and indemnify WISP RESORT, their RESPECTIVE officers, directors, shareholders, agents, servants and employees and their insurance carriers from any and all claims, actions or damages without limitation whatsoever, whether consisting of personal injury, property damage, or death, that does or may result in any way from the above named child's participation in the Willy Wisp Program, whether such injuries of any kind or nature or such death is caused by the negligence of WISP RESORT.

I completely understand that this paragraph constitutes a covenant and promise on my part to fully discharge the above named parties from any and all liability of any kind for any injuries, loss, damage, or death, which may result from participation in any Willy Wisp program.

Additionally, I hereby release WISP RESORT and any sponsors, their successors, agents, servants, and all other persons from all claims, demands, and causes of action of any kind or nature which I may have or ever will have arising out of or connected with the filming (moving or still) and taping (voice or otherwise) of the above named child while participating in any Willy Wisp program and the use of such materials as shall result from these activities by anyone thereafter. I consent to the making of such photographs and films and/or tapes, and the reproduction, and the publication of the same in perpetuity, worldwide and in any and all media, whether now known or hereafter developed.

This release is binding UPON, my heirs, administrators, executors, and assignees, and I herewith again reaffirm my free and willing intent to execute it, acknowledging a complete understanding of its terms and conditions and the totality of its effect, and the total waiver of any rights that I would otherwise have had, had this agreement not been executed.

I authorize transportation to a medical facility and do hereby consent to medical treatment by a physician on duty in the emergency room for the above named child in the event of an accident or illness if I the Parent/guardian cannot be contacted immediately. I agree to pay any expenses incurred.

Parent's or Guardian's Signature _____ Date _____

Warning & Liability Release Agreement Not to Sue

I have received the equipment listed on this agreement. I verify that the personal information (height, weight, age, skier classification demographic) on this form is correct. If at anytime I feel the equipment is not functioning properly, I will stop using it and return it for inspection, repair or adjustments. I will be responsible for the replacement at full retail value, of any equipment rented under this agreement, which is not returned to Willy Wisp/Rental Shop. I agree to return all rental equipment to Willy Wisp by the agreed upon date and time.

I understand that skiing/snowboarding is hazardous sport involving inherent and other risk of injury to any and all body parts of a child including death. I further understand that injuries in the sport are a common and ordinary occurrence, and I freely accept and assume risks of injury and death that may result while using this equipment. I understand that the boot/binding system cannot release in all situations where release may prevent injury. That it is not possible to predict every situation where it will or will not release, and therefore cannot guarantee my safety. In snowboarding, the binding system will not ordinarily release during use; these bindings are not designed to release as a result of form generated during ordinary operation.

To the fullest extent allowed by law, I agree to release from liability, and to indemnify and hold harmless the Willy Wisp, and their owners, partners, and associates, agents and employees, the ski area, the manufacturer of the equipment (collective providers) provided to me under this agreement, I agree not to make claim or sue for injuries or damages related to Skiing and/or use of this equipment or participation in the Willy Wisp program and all claims, actions or damages without limitation whatsoever, whether consisting of personal injury, property damage, or death that does or may result in any way from the above named child's participation in any Willy Wisp program, whether such injuries of any kind or nature or such death is caused by their negligence or not, breach of warranties, product defect or any other legal theories, assuming myself of any and all responsibility and such liability for same. I accept this equipment as is with no warranties, express or implied.

This document is a legal and binding contract which supersedes any other agreements or representations by or between parties and which is intended to provide a comprehensive release of liability but is not intended to assert any claim or defenses which are prohibited by law. If any portion of this agreement is deemed unenforceable, the remainder shall be given full force and effect. The specific rights of the parties under this contract may vary from state to state.

I, the undersigned, have read and understand this equipment rental & liability release agreement.

Equipment User's Signature _____

Parent or Guardian Signature (if required) _____

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| Check Your Skier Type: | | TYPE 1 _____ Ski cautiously, entry level or not sure of classification, prefer slow speeds. | TYPE 2 _____ Ski moderately, ski a variety of terrain at varied speeds not a TYPE I or TYPE II | TYPE 3 _____ Ski aggressively, ski at higher speeds on slopes of moderate to steep pitch |
| Child Height: | | Child's Weight: | Boot Size: | Boot #: |
| | | | | Boot Sole Length: |
| Equipment Type: | Equipment #: | DIN: | Helmet #: | Tech Name: |
| | | | | |