



Diamond Peak Ski & Snowboard School 2008 – 2009 Sierra Scout Registration Form

Please Print:

Name of Student (Minor): _____ Age: _____

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I, the undersigned, as the parent / guardian of this minor, have the authority to enter into this contract on behalf of said minor and on behalf of any other parent / guardian of said minor (all collectively referred to as "we").

DESCRIPTION OF SERVICES

1. We understand that Diamond Peak Ski Resort (Diamond Peak) is owned and operated by the Incline Village General Improvement District (IVGID) and that the Diamond Peak Ski & Snowboard School is a department of Diamond Peak.
2. We understand that certain skiing / snowboard facilities are provided at Diamond Peak and that such facilities are available to minor persons whether or not they are accompanied by an adult.
3. In case of a malfunction of the minor's equipment, we authorize Diamond Peak to replace with Diamond Peak equipment if required so that the minor may continue participation in the program.

ASSUMPTION OF RISKS

4. We understand that skiing / snowboarding involves inherent risks and a copy of the "Inherent Risks of Skiing / Snowboarding," as defined by Washoe County Code, can be made available to me at Guest Services upon my request.
5. We understand that any minor participating in skiing, snowboarding or any other activities at Diamond Peak will be exposing himself or herself to the risk of bodily injury or property damage due to the nature of such activities and we assume such risks.
6. We understand that the minor's participation in the Ski / Snowboard Sierra Scout Program may require the use of ski / snowboard lifts and that the minor may ride lifts alone, with an instructor, with other guests or with other children. We understand that the use of the lifts involves a potential risk of injury while loading, riding and unloading from a lift, including a risk of falling from a chair. We accept and assume such lift related risks.

INITIAL _____

CONSENT FOR EMERGENCY MEDICAL CARE AND RELEASE OF MEDICAL INFORMATION

7. We understand that Diamond Peak may furnish first aid care, including but not limited to, transporting or arranging for the transportation of the injured minor to a facility where medical care may be provided at the cost of the parent or guardian of the minor. The furnishing of such care is in no way an admission of, or assumption of, liability on the part of Diamond Peak or its owners, officers, agents, or employees. It is understood that Diamond Peak personnel will attempt to contact a parent or guardian of the minor, if possible, prior to transporting the minor by any mode of transportation to a physician and/or medical facility to render emergency medical care to said minor and we consent to such treatment.

GENERAL RELEASE OF LIABILITY

8. We, for ourselves and for our heirs, executors, and administrators, agree to **RELEASE, HOLD HARMLESS, AND NEVER TO SUE** Diamond Peak, IVGID, and their owners, agents, employers or representatives from all liability for personal injury or death, lost or stolen items, damage to property or any other damages, which any of us, including the minor, may suffer due to the minor's and our presence at Diamond Peak **regardless of cause to the fullest extent allowed by law.** We further agree to **DEFEND and INDEMNIFY** Diamond Peak, IVGID and their owners, agents, employers or representatives from any claim or lawsuit arising out of our presence at Diamond Peak. We agree that this contract is intended to provide as comprehensive and broad a release of liability, indemnification and express assumption of risk agreement as is legally possible.
9. I have read and understand the contents of this form and understand that this includes a **GENERAL RELEASE OF LIABILITY** and a legally binding contract between Diamond Peak, the parent/guardian of said minor and me, and I sign it of my my own free will.

INITIAL _____

Name of Parent or Guardian: _____

(Please Print)

(Please Check One) Parent / Guardian: - **RELATIONSHIP TO MINOR** _____

PARENT/GUARDIAN CELL PHONE CONTACT NUMBER: _____

Signature _____ Date: _____