BEAVER CREEK KIDS DAY CAMP
Registration Form

PLEASE PRINT:

Last Name_____

First Name_____ M F Age _____ Birthdate_____

First Name_____ M F Age _____Birthdate_____

First Name_____ M F Age _____Birthdate_____

First Name_____ M F Age _____Birthdate_____

Parent(s) Name(s)_____

Local Address_____Local Phone_____

_____ Day/Cell Phone_____

Permanent Mailing Address_____ Phone_____

_____

Employer's Address _____ Phone_____

Person(s) Authorized to Pick-up_____ Phone_____

Person other than parent/guardian to be notified in an emergency when parent/guardian is not available: _____

Address_____ Phone_____

SOCIAL/MEDICAL DATA:

Previous Group Experience_____

Siblings and Ages_____

Restricted Activities (i.e. horseback riding, rafting, hiking, etc.)_____

Dietary Restrictions_____

List Allergies and/or Chronic Diseases_____

Are Immunizations Current? _____ (Please provide current records within 2 weeks of registration)

Medication Taken in Last 24 hours _____

Describe any Impairments or Medical Conditions that apply to your child_____

List Inappropriate Physical Activities _____

To the best of my knowledge my child(ren) is/are free from any contagious illnesses that would make his/her/their admission undesirable. (Please initial) _____

I give permission for my child(ren) to go on excursions away from the Beaver Creek Kids Day Camp with a counselor, either by foot or public vehicle. I give permission for my child(ren) to ride the lifts with a day camp group.

_____ _____

Parent or Legal Guardian Signature **Date**

AUTHORIZATION FOR EMERGENCY TREATMENT OF MINORS

(*Allows for x-ray and beginning care while parent/guardian is being contacted*)

I authorize Vail Valley Medical Center, Village Medical Center of Beaver Creek and/or Avon Medical Center, their respective agents, employees or any member of the medical staffs (collectively, the "Medical Facilities"), to render emergency medical care to the Child as is considered in their medical judgment to be necessary or beneficial.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations at the Medical Facilities.

DRUG ALLERGIES: _____

_____ _____ _____

Signature of Parent or Legal Guardian **Print Name of Parent or Legal Guardian** **Date**

Regular Physician's Name: _____ City and State: _____

Phone: _____

Regular Dentist's Name: _____ City and State: _____

Phone: _____

Hospital of Choice: _____

All children must be picked up by 5:00p.m. Any children remaining will be placed in the Beaver Creek Day Camp Extended Hours Program. This Program costs extra and requires reservations.

SUNSCREEN PERMISSION FORM

Date _____

Name of Child(ren)
_____

Beaver Creek Kids' Day Camp may apply/re-apply sunscreen to your child(ren)'s skin, including the face, tops of ears, and bare shoulders, arms, legs, and feet before or during outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed will be reported to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF of 15.

Special Instructions

□ In the event that my child(ren)'s sunscreen in not readily available, my child(ren) may use sunscreen provided by the Beaver Creek Kids' Day Camp.

□ I do not want my child(ren) to use any other sunscreen than the one he or she brings.

_____
Parent/Guardian Signature

WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

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

1. My child is participating in a recreational day camp. I understand that the camp involves participation in a number of recreational activities, which may include zip lining, rock climbing, ropes/challenge courses, mountain biking, rollerblading, kayaking, canoeing, rafting, paddle boating, hiking, golfing, frisbee golfing, horseback riding, caving, rock climbing, swimming, ice skating, camping, field trips, martial arts, archery, laser tag, and other recreational activities (the "Activity"). I understand that PARTICIPATING IN THE ACTIVITY AND USING SKI AREA FACILITIES, INCLUDING THE LIFTS, FOR ANY PURPOSE, CAN BE HAZARDOUS AND PRESENTS A RISK OF PHYSICAL INJURY OR DEATH.

2. I ACKNOWLEDGE THAT THIRD PARTY VENDORS, NOT AFFILIATED WITH THE RESORT, MAY PROVIDE AND OPERATE MANY OF THE ACTIVITIES AND THAT THE RESORT MAKES NO WARRANTIES OR REPRESENTATIONS REGARDING THESE PROVIDERS.

3. I EXPRESSLY ACKNOWLEDGE AND ASSUME ALL RISKS AND DANGERS associated with the Activity. I understand that the risks and dangers include, but are not limited to: the negligence of other participants and instructors; falling; equipment malfunction; sharing the facilities with others; not following the direction of the Activity provider or third party vendor's personnel; high speeds; slick or uneven surface conditions; variations in slope, surface and subsurface terrain; rugged mountainous terrain; bumps; stumps; forest growth; downed timber; rocks of various sizes; course and venue configuration and/or conditions; marked and unmarked obstacles; varying conditions; collisions or accidents when traveling by vehicle to/from an activity site; contact with wild animals; becoming lost or separated; forest and/or other fires; lightning, snow, storms and other adverse weather; strenuous activity; fatigue; exhaustion; dehydration; heatstroke; hypothermia; high elevation; altitude sickness.

4. In consideration for my child being allowed to participate, I AGREE TO DEFEND, INDEMNIFY, RELEASE AND NOT TO SUE Vail Resorts, Inc., The Vail Corporation d/b/a Vail Resorts Management Company, its parent and affiliated companies and subsidiaries, the United States, and all their respective insurance companies, successors in interest, commercial and corporate sponsors, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") FROM ANY AND ALL LIABILITY and/or claims for injury or death to persons or damage to property arising from the Participant's participation in the Activity, INCLUDING THOSE INJURIES AND DAMAGES CAUSED BY ANY RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY. I take full responsibility for any injury or loss to me or my child, including death, which I or my child may suffer, arising in whole or in part out of the Activity. I agree to pay all costs and attorney's fees incurred by any Released Party in defending a claim or suit brought by me, on my behalf or as a result of my child's participation in the Activity.

5. I represent that my child is in good health and has no special problems with his or her physical or mental condition. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for my child which may be necessary and agree to be fully responsible for any associated costs.

6. I agree that ANY AND ALL CLAIMS FOR LOSS, INJURY AND/OR DEATH REGARDING AN ALLEGED INCIDENT SHALL BE GOVERNED BY THE LAW OF THE STATE WHERE THE ALLEGED INCIDENT OCCURRED AND EXCLUSIVE JURISDICTION SHALL BE IN THE STATE or federal court sitting in the district where the alleged incident occurred (except that all claims arising at Heavenly shall be governed by California law and exclusive jurisdiction shall be in a California court of competent jurisdiction).

7. I represent that I am the parent or legal guardian of the child listed below and VOLUNTARILY GRANT PERMISSION FOR MY CHILD TO TAKE PART IN THE ACTIVITY. I acknowledge that I am signing this release on behalf of my child and that my child ALL BE BOUND BY ALL THE TERMS OF THIS AGREEMENT. I AGREE TO INDEMNIFY THE RELEASED PARTIES FOR ALL LIABILITY AND CLAIMS, INCLUDING ATTORNEYS' FEES, ARISING FROM ANY MISREPRESENTATIONS IN OR FRAUDULENT EXECUTION OF THIS AGREEMENT.

8. This release shall be binding to the fullest extent permitted by law. If any part of this release is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. This release shall be binding upon my and my child's assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

MINOR PARTICIPANT (UNDER 18) INFORMATION

MINOR PARTICIPANT #1 – Last Name, First Name, M.I. (*please print*) **AGE**

MINOR PARTICIPANT #2 – Last Name, First Name, M.I. (*please print*) **AGE**

** Requires Parent/Guardian to Complete and Sign Below*

I HAVE HAD SUFFICIENT TIME TO CAREFULLY READ THE FOREGOING LIABILITY RELEASE. I AM AWARE I AM RELEASING CERTAIN LEGAL RIGHTS THAT I, AND/OR MY CHILD, MAY OTHERWISE HAVE.

ADULT INFORMATION

LAST NAME, FIRST NAME, M.I. (*please print*)

ADDRESS – Street Address/Mailing Address (*please print*)

ADDRESS – City, State, Zip/Postal Code (*please print*)

DATE OF BIRTH (MM-DD-YYYY)

EMERGENCY CONTACT RELATION PHONE NUMBER

X

SIGNATURE OF PARTICIPANT/PARENT/LEGAL GUARDIAN

DATE