

2021 Mountain Adventures Schedule Request and Registration

Child's Last Name _____ First Name _____

Return fully completed forms to cbmtnadventures@vailresorts.com. Please be aware that this is a schedule request only. You will receive a confirmation email if your requested dates and activities are available. If we are unable to accommodate your request we will contact you about alternative dates/activities.

Once your child's dates and activities are confirmed, a representative from Mountain Adventures will contact you regarding payment. For your security, please do not submit any credit card information by email.

Pricing: \$75 Archery & Disc Golf, Mountain Biking, Mountain Adventure Day.

*\$90 Ropes Course activity is tentative and may be cancelled due to COVID restrictions

Please select child's preferred activity for each day they wish to attend camp

Monday June 14th	Tuesday June 15th	Wednesday June 16th	Thursday June 17th	Friday June 18th
Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking
Archery & Disc Golf	Archery & Disc Golf	Archery & Disc Golf	Mountain Adventure Day	Archery & Disc Golf
Mountain Adventure Day	Ropes Course*	Mountain Adventure Day	Ropes Course*	Mountain Adventure Day

Monday June 21st	Tuesday June 22nd	Wednesday June 23rd	Thursday June 24th	Friday June 25th
Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking
Archery & Disc Golf	Mountain Adventure Day	Archery & Disc Golf	Archery & Disc Golf	Archery & Disc Golf
Mountain Adventure Day	Ropes Course*	Mountain Adventure Day	Ropes Course*	Mountain Adventure Day

Monday June 28th	Tuesday June 29th	Wednesday June 30th	Thursday July 1st	Friday July 2nd
Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking
Archery & Disc Golf	Archery & Disc Golf	Archery & Disc Golf	Mountain Adventure Day	Archery & Disc Golf
Mountain Adventure Day	Ropes Course*	Mountain Adventure Day	Ropes Course*	Mountain Adventure Day

Monday July 5th	Tuesday July 6th	Wednesday July 7th	Thursday July 8th	Friday July 9th
Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking
Archery & Disc Golf	Mountain Adventure Day	Archery & Disc Golf	Archery & Disc Golf	Archery & Disc Golf
Mountain Adventure Day	Ropes Course*	Mountain Adventure Day	Ropes Course*	Mountain Adventure Day

Monday July 12th	Tuesday July 13th	Wednesday July 14th	Thursday July 15th	Friday July 16th
Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking
Archery & Disc Golf	Archery & Disc Golf	Archery & Disc Golf	Mountain Adventure Day	Archery & Disc Golf
Mountain Adventure Day	Ropes Course*	Mountain Adventure Day	Ropes Course*	Mountain Adventure Day

Monday July 19th	Tuesday July 20th	Wednesday July 21th	Thursday July 22nd	Friday July 23rd
Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking
Archery & Disc Golf	Mountain Adventure Day	Archery & Disc Golf	Archery & Disc Golf	Archery & Disc Golf
Mountain Adventure Day	Ropes Course*	Mountain Adventure Day	Ropes Course*	Mountain Adventure Day

Monday July 26th	Tuesday July 27th	Wednesday July 28th	Thursday July 29th	Friday July 30th
Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking
Archery & Disc Golf	Archery & Disc Golf	Archery & Disc Golf	Mountain Adventure Day	Archery & Disc Golf
Mountain Adventure Day	Ropes Course*	Mountain Adventure Day	Ropes Course*	Mountain Adventure Day

Monday August 2nd	Tuesday August 3rd	Wednesday Aug 4th	Thursday August 5th	Friday August 6th
Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking
Archery & Disc Golf	Mountain Adventure Day	Archery & Disc Golf	Archery & Disc Golf	Archery & Disc Golf
Mountain Adventure Day	Ropes Course*	Mountain Adventure Day	Ropes Course*	Mountain Adventure Day

Monday August 9th	Tuesday August 10th	Wednesday Aug 11th	Thursday August 12th	Friday August 13th
Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking
Archery & Disc Golf	Archery & Disc Golf	Archery & Disc Golf	Mountain Adventure Day	Archery & Disc Golf
Mountain Adventure Day	Ropes Course*	Mountain Adventure Day	Ropes Course*	Mountain Adventure Day

Monday August 16th	Tuesday August 17th	Wednesday Aug 18th	Thursday August 19th	Friday August 20th
Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking	Mountain Biking
Archery & Disc Golf	Mountain Adventure Day	Archery & Disc Golf	Archery & Disc Golf	Archery & Disc Golf
Mountain Adventure Day	Ropes Course*	Mountain Adventure Day	Ropes Course*	Mountain Adventure Day



2021 Mountain Adventures Registration

Please complete the following for each child:

Last Name _____ First Name _____

Date of Birth _____ Email _____

Name of Parent or Guardian _____

Home Address _____

Phone _____ Employer/Address/Phone _____

Additional Emergency Contacts:

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Child Pick-Up

At the end of the day my child: (please check)

☐

May walk home from Camp CB on their own

☐

Will be picked at Camp CB at 4:00 pm by a parent or one of the following

Name & Number _____

Name & Number _____

Medical History

List any medical issue Mountain Adventures should be aware of: _____

List any know drug or food reactions or allergies: _____

Does your child carry an Epi-Pen? YES ☐ NO ☐ Does your child carry an inhaler? YES ☐ NO ☐

Will your child bring any medications to camp? YES ☐ NO ☐

List any medications, prescriptive and non-prescriptive, the child currently takes. If your child will bring **any** medication to camp you must complete a copy of the *Authorization for Administering Medication* form.

Name of medication

Dosage & Frequency

Prescribing Physician

Physician's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Immunization Records

Immunization records are required for all children participating due to our State Licensing Requirements. Your child is not required to have a COVID Vaccination. We are required to collect your child's full Immunization records before your child can attend camp.

☐

Child is a Colorado Resident and their immunization records are in the Department of Public Health Colorado Immunization Information System.

☐

Child is not a Colorado Resident and I have attached a copy of their immunization records.

Authorization for Emergency Medical Care

I hereby give my permission to camp officials to contact a doctor or emergency medical services on behalf of my child and for a doctor, hospital or medical service to provide emergency medical or surgical care for my child.

Should an emergency arise, it is understood that camp officials will make a conscientious effort to locate the emergency contacts listed below before any action is taken. If it is not possible to locate the contacts, I will accept the expense of emergency medical or surgical treatment.

Initialed _____ on this date _____

Hospital of choice is: Gunnison Valley Health 711 N. Taylor St. Gunnison CO. 81230 (970) 641-1456

Sunscreen Permission

Please apply sunscreen to your child in the morning and include a labeled bottle for reapplication. If, for some reason, this sunscreen is unavailable I give permission to apply sunscreen provided by Mountain Adventures to my child.

Initialed _____ on this date _____

Late Child Drop-off Policy

Our programming is complex and requires our campers to be dropped off on time and at the Camp CB drop-off location. Every camper is required to have a Parent or Guardian sign-in for each activity day, unless stated otherwise on sign up forms. This is required by our State of Colorado Licensing agreement and no exceptions are allowed. In addition to the sign in requirements, we do not accept campers who are late for offsite activities. It is best practice to have all campers together, from the beginning of all activities to cover safety rules, guidelines and expectations for the activity day. This best practice benefits the instructors and sets up all participants for activity success and safety. If campers are late and the activity has left the Camp CB drop-off area, participants will be charged for that day's activity and will be unable to participate.

Initialed _____ on this date _____

For Children Participating in Mountain Biking:

Mountain Adventures Mountain Biking Ability Chart

Please select level if child is participating in any Mountain Biking Days. **Level:** _____

This chart can be used as a basic guideline to help determine your ability level on a mountain bike.

Level 1- Little or no experience riding a bike, and have trouble keeping the front wheel straight while riding.

Trails: Skills centers, roads and paths only with supervision. No trails at this time.

Level 2- Limited experience on a bike, but are able to control speed and direction on pavement only.

Trails: Transferring out of skills zones into green trails.

Level 3- Limited experience riding off road terrain on dirt. Capable of controlling speed and direction on gentle single track. **Trails:** Green trails transitioning to easiest blues.

Level 4- At least two years of mountain biking experience and capable of controlling speed and direction on moderately steep, technical terrain. **Trails:** Green and Blue trails.

Level 5- Confident riding most types of terrain, except large jumps, drops and more technical features.

Trails: greens, blues and single black trails.

Level 6- Confident riding all types of trails and terrain including large jump features and technical trail sections.

Trails: All trails.

Mountain Access: (Check which option applies) *Lift access is required for children riding the lift (Level 3+)

Child will have summer Crested Butte season pass ☐

Child will need day pass for all scheduled days (\$10/day) ☐

Child is a level 1 or 2 and may not need lift ticket ☐

WHAT TO BRING FOR A DAY OF MOUNTAIN BIKING:

- A properly fitted mountain bike, in good, tuned condition.
- A good fitting bike helmet.
- Eyewear that fits and will stay in place while riding.
- A mt bike back pack. No string straps allowed.
- Lunch and snacks, more than you think you need.
- Water bottle/bladder. 1 bottle will not do it.
- Sunscreen/Sun protection & reapply.
- Closed toe shoes, no sandals allowed.
- A spare tube for the wheel size of the bike being used.
- Rain Jacket & thermal layer (not cotton).
- A great, positive, can-do attitude!
- Also strongly recommended: gloves, knee & elbow pads, tools.

For Mountain Biking specific questions please contact Woody Lindenmeyr
(970) 349-4441, hvlindenmeyr@vailresorts.com

CHILDREN'S DAY CAMP & CHILD CARE
RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!
THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS

1. My child is participating in a recreational day camp and/or child care. I understand that participation involves a number of recreational activities, which may include zip lining, rock climbing, ropes/challenge courses, bungee trampoline, road or mountain biking, using a bike park, rollerblading, kayaking, canoeing, rafting, paddle boarding, hiking, golfing, frisbee golfing, archery, horseback riding, caving, rock climbing, swimming, ice skating, camping, field trips, transportation by motor vehicle, martial arts, archery, laser tag, petting zoo, bounce houses, miniature golf 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 or allergens; 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; and altitude sickness.

4. IN CONSIDERATION FOR MY CHILD BEING ALLOWED TO PARTICIPATE, I AGREE TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE Vail Resorts, Inc., The Vail Corporation, each of their parent and affiliated companies and subsidiaries, the United States, the resort owner/operator, land owner, equipment manufacturer, 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 (including failure to take reasonable steps to protect against the risks of the Activity) OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF ANY RELEASED PARTY TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT AGAINST THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITY. 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 CHILD'S BEHALF, OR AS A RESULT OF MY CHILD'S PARTICIPATION IN THE ACTIVITY.

In consideration for allowing my child to participate in the Activity, I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT MY CHILD OR I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, including those of which I am not aware, those not mentioned in this release and those resulting FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.

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 cases arising out of an alleged incident at (a) Heavenly Mountain shall be governed by California law and the exclusive jurisdiction of any such claim will be a California court of competent jurisdiction; and (b) Hunter Mountain shall be governed by New York law and the exclusive jurisdiction of any such claim will be in the Supreme Court of the State of New York, County of Greene or in the United States District Court for the Northern District of New York.

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. I understand that this release shall apply during every time my child participates in the Activity during the season and that 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 INFORMATION - Requires Parent/Guardian to Complete, Sign & Date Below

MINOR #1 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	MINOR #2 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)
MINOR #3 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	MINOR #4 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)

PARENT/GUARDIAN INFORMATION – Required to Complete, Sign & Date Below

PARENT/GUARDIAN – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	X SIGNATURE OF PARENT/GUARDIAN	DATE
EMERGENCY CONTACT (print)	RELATION	PHONE NUMBER	

Move United Waiver & Release of Liability Agreement

Move United, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this Move United Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. "Released Parties" include Move United, Adaptive Sports Center of Crested Butte, Inc., and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Move United and/or Adaptive Sports Center of Crested Butte, Inc. related events and activities, the Undersigned ("Undersigned" means the Participant or the Participant's parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

1. Risks of Activity. Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. Risks of Participation. The Undersigned recognizes and understands that while Released Parties have undertaken reasonable steps to lessen the risk of transmission of communicable diseases, including but not limited to, COVID-19, in connection with participation in the activities, the Released Parties are not responsible in any manner for any risks related to communicable diseases in connection with Participant's participation in the activities. Specifically, the Undersigned understands that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. The Undersigned is fully aware that participation in the activities carries with it certain inherent risks related to transmission of communicable diseases ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying a communicable disease; (2) the risk of transmitting or contracting a communicable disease, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof. Further, the Undersigned understands that the risks of all communicable diseases are not fully understood, and that contact with, or transmission of, a communicable disease may result in risks to the Participant including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks.

The Undersigned hereby voluntarily accepts and assumes all risk of loss, personal injury, sickness, death, damage, and expense for the Participant arising from such Inherent Risks. Furthermore, the Undersigned represents and warrants that Participant does not knowingly carry any communicable diseases that may be transmitted during participation in the activities.

3. Release and Indemnification. Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in any Move United/Adaptive Sports Center of Crested Butte, Inc. events or activities or the Participant's presence on or travel to the premises where such events or activities take place, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims, or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in such events or activities or the Participant's presence on or travel to the premises where such events or activities take place.

4. Helmet Use. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.

Move United Waiver & Release of Liability Agreement

5. Medical Treatment. Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

6. Miscellaneous. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations, and ordinances; (b) this Agreement shall be governed by the laws of the State of Colorado and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Gunnison County, CO; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.

Participant's Signature	Participant's Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date