

Ski Gull Inc
PO Box 612
Nisswa MN 56468
218-963-4353
Ski Gull Children Ski School Release

The undersigned, being at least 21 years of age hereby represents that he or she is the parent or guardian of _____ (hereinafter referred to as the "child").

For myself and for the child, the undersigned agrees and understands that snowsports including, but not limited to, snowboarding, snow skiing and/or tubing are hazardous activities which may result in injury to my child during his/her participation in the Ski Gull Children's Ski School. Trail conditions vary constantly because of weather changes and skier use. Natural and man made obstacles, including other skiers, may exist. Participants in the Children's Ski School are solely responsible for their speed and direction at any give time. Enrollment in Children's Ski School shall not in any way eliminate the inherent risks in snowsports including, but not limited to, snow skiing, snowboarding, and/or tubing. I hereby assume all risks in connection with my child's participation in such activities and hereby release Ski Gull Area, its representatives, agents, affiliates, officers, directors, servants, and employees from all liability for any claim by me, my family, estates, heirs, and assigns arising in any way from my participation.

In Consideration of participating in the ski school at Ski Gull Area and use of its facilities, I RELEASE AND HOLD HARMLESS and AGREE NOT TO BRING ANY ACTION OR SUIT to myself, including death, or damage to my property which is caused by the NEGLIGENT ACT OR OMISSION of any SKI GULL AREA RELEASE in the design lovation, construction, inspection, maintenance and repair of the conditions on or about the premises or ski area or the operations of the ski area. This release does not apply to claims of reckless intentional or willful and wanton acts by Ski Gull Ski Area.

The undersigned further authorizes anyone working at the Ski Gull Area Children's Ski School to call for such medical care for the child or transport the child to the appropriate clinic or hospital if, in the opinion of anyone working at the Ski Gull Area Children's Ski School, medical attention is needed for the child. The undersigned agrees that upon transporting the child to any medical facility, clinic or hospital, that the responsibility of Ski Gull Area, shall be totally fulfilled and Ski Gull Area, shall not have any further responsibility for the child.

The undersigned agrees to pay all costs associated with such medical care and related transportation for the child and indemnify and hold Ski Gull Area, its representatives, agents, affiliates, directors, servants and employees harmless from any costs incurred therein.

I have carefully read the foregoing release language and understand its contents.

FOR MYSELF AND FOR HIMSELF /HERSELF AS INDIVIDUALS AND PARENT OR GUARDIAN OF THE CHILD.

Parent or Guardian _____

Date _____

Student Name (Print) _____

Student Signature _____

Person responsible for picking up child if different than above:
