

Pelham Parks and Recreation

6 Village Green, Pelham, NH 03076

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Pats Peak Ski Program

5 Thursdays after school beginning January 4, 2024

Cost: \$190.00/per student for bus transportation and administrative costs.

PLEASE NOTE that space IS limited on the buses; first come/first served!

Participant Release Form

Participant Name: _____ DOB (required): _____ Age: _____ Circle: M / F

Address: _____ Home Telephone: _____

Parent Email address: _____ Student Grade: _____

Mother's Name: _____ Work/Cell Telephone: _____

Father's Name: _____ Work/Cell Telephone: _____

This is a chaperoned recreation after school program for skiing and snowboarding involving a high level of physical activity. The program will take place on 5 Thursdays starting January 4, 2024, until February 1, 2024. Students will board a coach bus at their respective schools after school buses have left. You may bring your own equipment or choose a rental package. Students' equipment may NOT be left at the schools this year. Parents must deliver equipment to students after school. Older students may leave gear in their vehicles until school ends. Open to students at Memorial and PHS Schools who are experienced in this activity. Please let us know if you (parent) can chaperone! No refunds, per Pats Peak. Space is limited this season; first come, first serve.

Skiing and snowboarding pose a variety of risks to participants by the strenuous level of activity. These risks include but are not limited to bumps, bruises, cuts, abrasions, broken bones, concussions, heart attacks and even death.

Because of the inherent risks and extensive physical activity involved, we advise that all participants be in good physical condition. Any limitations regarding physical capabilities should be made known to the Pelham Parks and Recreation Department.

It is highly recommended that all participants wear weather appropriate and safe attire and accessories including but not limited to winter jackets, hats, gloves or mittens, snow pants and helmets. No scarves allowed.

Please list any physical or other condition, medications the participant is taking, dietary restrictions, allergies, or other information which may be necessary and helpful to ensure participants' health and safety: **Note ANY special instruction the ski resort should know!**

I have read and understand the information provided above. I have noted any physical or medical conditions the participant has which might affect his/her participation. He/she meets the standards required for participation and will have the necessary equipment, which will be in good working condition. I assume all the risks normally incidental to the nature of this activity, including risks which are not specifically foreseeable. I will follow the rules and regulations provided by the chaperones and Pats Peak.

I, the undersigned, hereby agree to release, indemnify, save and hold harmless the Town of Pelham, the Parks and Recreation Dept., its employees, agents, representatives, chaperones, and volunteers, from any and all liability, actions, causes of actions, debts, claims or demands of any kind for property damage or personal injury resulting from failure to obey safety regulations and directions of the activity leader or resulting from the exercise of judgment by the leader in good faith response to emergencies and exigencies which occur during the activity; provided, however, that nothing contained herein shall excuse any of the leaders to act with reasonable care for the safety of the participant during the course of the activity appropriate to the circumstance.

You have my permission to have a physician attend to my son/daughter, if it is deemed necessary, during his/her participation in the above activity. I give my permission for any videotaping or other photographs taken in which my child/ren may appear and understand that Pelham Parks and Recreation may remove any child from the program as it deems necessary concerning the zero-tolerance policy of inappropriate behavior.

Executed this _____ day of _____, 20_____.

Parent/Guardian signature if under 18

I will chaperone: Circle: YES NO

CHECK ONE, if chaperoning: I will _____ drive my car. I will _____ ride my child's bus.

Make-up dates for any cancellations are typically added-on another Thursday