

Pelham Parks and Recreation, 6 Village Green, Pelham, NH 03076  
Email: [recreation@pelhamweb.com](mailto:recreation@pelhamweb.com) Phone: 635-2721 Fax: 508-3094

**GUNSTOCK MOUNTAIN Ski Trip**  
**Saturday, February 27, 2016 - 7:30 am to 6:00 pm**  
**(Cost: \$35.00/per student. PLEASE NOTE that space IS limited; first come/first serve!)**

Participant Release Form

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ M / F

Address \_\_\_\_\_ Telephone \_\_\_\_\_

School attended (if any) \_\_\_\_\_ Parent/Participant cell phone \_\_\_\_\_

Email address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Home Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Home Telephone \_\_\_\_\_

This is a chaperoned recreation field trip for skiing and snowboarding involving a high level of physical activity. The program will take place on Sat., February 27<sup>th</sup>, from 7:30 am to 6 pm. Parents are expected to drop off their children no later than 7:15 am and pick up is NO later than 6 pm if they are not accompanying them on the trip. You must have your own equipment or pay for rentals at the location. Open to students in middle and high schools and parents. Please let us know if you (parent) can chaperone! See flyer or website for more info.

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.

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 insure participants' health and safety:

\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the information provided above. I have noted any physical or medical conditions the participant has which might effect 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 of 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 Waterville Valley.

I, the undersigned, hereby agree to release, indemnify, save and hold harmless the Town of Pelham, the Parks and Recreation Dept., Parks and Recreation Advisory Board, 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 appropriate behavior.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2016. \_\_\_\_\_

Parent signature required if under 18 yrs of age

Parents must complete an Emergency Contact Form as well if we do not have one on record for Pats Peak program 2016.

FOR OFFICE USE: \_\_\_\_\_ fee paid \_\_\_\_\_ check number \_\_\_\_\_ MC/VISA