

ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY

As the parent/guardian of a minor enrolled in the Ski & Snowboard Trip/s, hosted by the GraduationTours.com aka Recreation Connection, Inc., I acknowledge that BAY AREA SKI BUS.COM involve many activities include physically active outdoor sports that test a person's physical and mental limits and carry with them the potential for death, serious injury, and property loss. I, and my child/ren or ward/s understands the inherent dangers of skiing, snowboard and / or other snow sports and my child/ren or ward/s, also understand that potential injuries include strains, sprains, breaks, cuts, punctures, abrasions, broken limbs and even accidental death. I HEREBY ASSUME THE RISKS OF INJURY, DAMAGE OR LOSS WHICH MY CHILD/REN or WARD/S MAY SUSTAIN AS A RESULT IN PARTICIPATING IN ANY AND ALL ACTIVITIES CONNECTED WITH OR ASSOCIATED WITH BAY AREA SKI BUS.COM FACILITATED BY THE RECREATION CONNECTION, INC.

All such risks being known and appreciated by me and my child/ward, I further acknowledge that these risks include risks that may be the result of the negligence of the Recreation Connection, Inc., the BayAreaSkiBus.com, the **ST RAYMOND SCHOOL** hosts and volunteers. I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims, losses or liabilities that I have waived, released or discharged herein. I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any and all claims made or liabilities assessed against them as a result of (i) my child/ward's actions or inactions, (ii) the actions, inactions or negligence of others including those parties hereby indemnified; (iii) the conditions of the facilities, equipment or areas where the event or activity is being conducted; (iv) any other harm caused by an occurrence related to BayAreaSkiBus.com, facilitated by the Recreation Connection, Inc.

I certify that my child/ren or ward/s is/are in good physical condition and that the activities associated with SKIING AND SNOWBOARDING require participants to be properly clothed and equipped.

FURTHER, I understand that any and all damages caused by my child/ren or ward/s shall be paid by me to owners of damaged items. I also realize that if my child/ren or ward/s fail to comply with acceptable rules of conduct, at the discretion of the trip leader/s, my child/ren or ward/s may be stopped from active participation (thus forfeiting all money paid) and I may be responsible for picking up my child/ren or ward/s from the ski resort. Participation on future trips may also be prohibited. I understand that if my child/ren or ward/s are not at the bus stop at the stated departure times my child/ren or ward/s may be left behind and I would be responsible for their transportation. I also understand that NO REFUNDS or CREDITS will be issued if my child/ren or ward/s miss the trip. I understand the terms for payment, deadlines and refund policies.

IMPORTANT! I UNDERSTAND that if my child is not at the bus at the stated departure time, he/she will be left behind and I will be responsible for picking them up at the resort!

I UNDERSTAND THE FOLLOWING CANCELLATION AND REFUND POLICIES FOR There are NO Refunds for cancellations within 60 days of the trip. NO REFUNDS OR CREDITS FOR CANCELLATIONS WITHIN 60 DAYS OF A TRIP, REGARDLESS OF THE REASON.

In the event of any emergency, I authorize Recreation Connection BayAreaSkiBus.com hosts and trip leaders to secure from the ski resort medical personnel or a local licensed hospital any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I HEREBY AFFIRM THAT I AM THE PARENT OR GUARDIAN OF THE PERSON NAMED ON THIS REGISTRATION, I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND AND AGREE TO ITS CONTENTS.

We have read, understand & agree to follow and be bound by the above standards, conditions & consequences.

_____	_____	_____
Student's Name	Date of Birth	Student's Cell Number:
_____	_____	_____
Student's email:		Parent's Email
_____	_____	_____
Mother's/Guardian's Name	Home Phone:	Cell Phone:
_____	_____	_____
Father's/Guardian's Name	Home Phone:	Cell Phone:
_____	_____	_____
Address		City, ST ZIP Code
_____	_____	_____
Insurance Company	Policy Number	Date of Last Tetanus Shot

Allergies/Special Health Considerations

_____/_____/_____

Signature of Parent or Legal Guardian Date /