



**Mammoth Mountain Ski Area  
Children's Ski and Snowboard School  
Release of Liability, Assumption of Risk Agreement, and Medical  
Authorization 2009/2010**

I have enrolled the child or children ("Child") listed on this form in the Mammoth Mountain Sports School Children's program ("Program"). I have authority to enter into this Agreement on behalf of the Child and any other parent/guardian of the Child. I understand the Child's participation in the Program involves exposure to the risks of skiing and/or snowboarding. I also understand that participation in the Program may require the use of ski lifts and that the Child may ride alone, with other guests, or with other children, and that the use of lifts involves a potential risk of injury. Individually and on behalf of the Child, I EXPRESSLY ASSUME ALL RISKS associated with the Child's participation in the Program including all risks associated with skiing, snowboarding, riding lifts, use of terrain parks and their features, or using equipment intended to improve or enhance the Child's skiing or snowboarding.

Despite my understanding of the foregoing risks and in consideration for the Child being permitted to participate in the Program, I AGREE TO RELEASE FROM ANY LEGAL LIABILITY AND AGREE NEVER TO SUE Mammoth Mountain Ski Area LLC, June Mountain Ski Area, the United States Department of Agriculture, United States Forest Service, and all of their officers, agents, employees, owners, landowners, and affiliated companies or persons acting in any capacity on their behalf (collectively referred to as "MMSA") for injury or death resulting from participation in the Program, regardless of the cause, to the fullest extent allowed by law, including the alleged NEGLIGENCE of MMSA. I further agree to defend, indemnify and hold harmless MMSA for any claims, lawsuits, damages, attorney fees, costs or judgments for personal injury or personal property damage, related in any way to the Child's participation in the Program.

I UNDERSTAND THIS IS A RELEASE OF LIABILITY THAT IS VALID FOREVER, and will apply whenever the Child participates in skiing/snowboarding at MMSA. I understand that this RELEASE OF LIABILITY will prevent me, my child, or my heirs from filing suit or making any claim for damages in the event of injury or death from participation in the Program. Additionally, in the event I file or my child or my legal representative files a claim or a lawsuit arising out of the Child's participation in the program, I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS MMSA for any damages, attorney's fees or costs arising out of such a claim or a lawsuit. With a full understanding of this agreement, I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my child, my heirs, assigns and legal representatives.

I recognize that medical or dental care may be necessary for the Child. I authorize MMSA to render first aid and to call for medical or dental care of the Child if, in the opinion of MMSA first aid personnel, medical or dental care is needed. I agree to pay for all expenses and costs associated with such care and related transportation.

MMSA requires the use of helmets for children 12 and under while participating in the Program. I understand that helmets may reduce or mitigate the severity of head injuries to the Child, but no helmet can protect the user from all foreseeable impacts or injury

I hereby give MMSA permission to use my child's photo and to publish the same without incurring any debts or liabilities to me of any kind.

I understand and agree that this agreement is severable and that if any clause is found to be invalid, the balance of the contract will remain in effect and will be valid and enforceable. I agree that any action will be brought in the County of Mono, State of California, or alternatively, in a court of competent jurisdiction in the State of California. Any disputes will be subject to and determined under the laws of the State of California.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship:  Parent  Step-Parent  Grandparent  Guardian  Authorized Adult

**THIS IS A RELEASE OF LIABILITY – DO NOT SIGN UNLESS YOU AGREE TO BE BOUND BY ITS TERMS**

\_\_\_\_\_

Last Name



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*Please print legibly. You only need to complete one form per season.*

Parent Last Name \_\_\_\_\_ First \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Local Phone or Contact \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Age: \_\_\_\_\_  
List any conditions we should be aware of such as: allergies, medications, health problems, dietary or special needs:

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Age: \_\_\_\_\_  
List any conditions we should be aware of such as: allergies, medications, health problems, dietary or special needs:

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Age: \_\_\_\_\_  
List any conditions we should be aware of such as: allergies, medications, health problems, dietary or special needs: