



**WESTERN PENNSYLVANIA SKI COUNCIL – RELEASE FORM – MINOR CHILD**

Event: \_\_\_\_\_ Date: \_\_\_\_\_

THIS DOCUMENT IS A RELEASE, INDEMNITY AGREEMENT AND ASSUMPTION OF THE RISK BY ME ON BEHALF OF MY MINOR CHILD IN ORDER TO PERMIT MY CHILD TO ENGAGE IN THE ABOVE DESCRIBED SKI RACE OR WINTER EVENT. I CERTIFY THAT MY CHILD HAS MEDICAL INSURANCE.

I am the custodial parent of \_\_\_\_\_, a minor, age \_\_\_\_\_, who  
**Child's Name**  
was born on \_\_\_\_\_, whom I authorize to participate in the above described event.  
**DOB**

I acknowledge that there are inherent dangers and risks of SERIOUS PERSONAL INJURY AND/OR DEATH involved in this undertaking. Having inspected the area involved in this event, and understanding same, I fully assume any and all risks of personal injury associated with participation including the conduct of all members of WPSC, all member clubs, individual members, the ski area, and its agents servants and employees, all of whom are hereinafter referred to as the identified parties.

This is a complete and total release of any and all claims that could be raised against any and all of the above identified parties arising out of participation in the above described event. I acknowledge that I am waiving any and all claims that I, my child, my family, and our heirs and assigns may have.

I understand that the inherent risks associated with participation in this event include but are not limited to falls, collisions, and other occurrences that can cause SERIOUS PERSONAL INJURY AND/OR DEATH as a result of my own child's negligence, conduct, inexperience, or that of others, as well as all other numerous foreseeable and unforeseeable causes.

In consideration of allowing my child to participate, I agree to accept the risk of SERIOUS PERSONAL INJURY AND/OR DEATH to my child on their behalf, and to waive any and all claims which may arise as a result thereof. I further agree to indemnify and hold all identified parties harmless. I agree to be responsible for all costs fees and/or other expenses incurred by the identified parties in the event that I or others acting on behalf of my child or their estate bring a claim or suit that I have agreed herein to release and/or waive.

I acknowledge that the terms and provisions of this release shall be binding upon me, my family, my child and our heirs, executors, administrators and assigns and shall be governed under the laws of the State in which the described event took place. I further agree that all disputes arising under the terms of this release shall be litigated in the county in which the described event took place.

DATED \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Parent's Name (Print) \_\_\_\_\_

BY SIGNING THIS DOCUMENT I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND AND ACCEPT THE TERMS AND PROVISIONS CONTAINED HEREIN AND SET FORTH ABOVE.