

ROCKING HORSE RANCH RESORT

CROSS COUNTRY SKIING APPLICATION, AGREEMENT, ACKNOWLEDGEMENT OF RISKS & EXPRESS ASSUMPTIONS OF RISK AND RESPONSIBILITY

Student's Name: _____ School: _____

I agree and understand that should any medical emergency treatment be required, our current insurance information will be provided to the clinic or hospital to cover payments of incurred bills.

I acknowledge that cross country skiing does entail risks of permanent physical injury or death. Some of those risks may include frostbite, falling or collisions with other skiers, or with natural objects and structures including trees and equipment and buildings.

I understand and assume responsibility for the risk of cross country skiing identified herein and those risks not specifically identified. I verify that my child is physically fit, sufficiently qualified, trained and capable to participate in the activity. I also understand that there can be no assurance that certain unforeseen conditions may occur on the slope which are forces of nature; or other skiers, or equipment; or obstacles; and I understand that is the skier's responsibility to ski in control to avoid these areas. I assume full responsibility for my child for whom I am responsible, for any bodily injury, accident, illness, death, loss of personal property and expenses thereof as a result of their participation.

We hereby expressly acknowledge our understanding and acceptance of the foregoing and agree to assume the risk of any personal injuries which we may incur during our use of the RHR facilities. We also understand and acknowledge that there is a risk of exposure to communicable diseases including but not limited to COVID-19 and we accept that risk and any personal injuries arising from any communicable diseases. We also agree that the venue for any claim arising out for this stay will be Ulster County, New York.

I have read the above and verify that I am the parent or guardian of the above student, and I have authority to enter into this agreement and agree to be bound by the terms and conditions stated above.

Parent/Guardian Signature: _____ Date: _____

PLEASE PRINT NAME: _____