



ANTHONY LAKES SNOWSPORTS SCHOOL - LIABILITY RELEASE AGREEMENT

Student Name: _____ Age: _____

Parent/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

***EMERGENCY CONTACT INFORMATION** – Please provide the contact information of a non-parent/guardian in case of an emergency and the parent/guardian is unavailable.

Name: _____ Phone: _____

Does your child have any known allergies or medical conditions? Please explain:

In consideration of permission to participate in Anthony Lakes Snowsports School, I am responsible for reading this entire Agreement and signing at the end indicating that I acknowledge the risks associated with Winter Sports Activities, and request that I be allowed to participate in Winter Sports Activities at Anthony Lakes Ski Area acknowledging that I understand and assume these risks.

I understand and acknowledge that skiing, snowboarding, and other alpine activities, including the use of lifts, involve many risks, dangers, and hazards, including, but not limited to changing weather and snow conditions; variations in terrain; grooming; ice, avalanches; deep snow; rocks; trees; ditches; streams; collisions with natural or man-made objects which may or may not be marked; collisions with other skiers; terrain features; exceeding ones skiing/riding ability; falling; jumping; slick or uneven walking surfaces; equipment failures and the possibility of becoming lost or separated from the class or instructor. I understand that snowmaking and grooming activities and equipment, and snowmobiles may be encountered at any time. Students/minors may or may not ride the lift with an instructor or adult. They may be riding with another student/minor. I assume the risk of loading, riding and unloading the ski lifts. I recognize that falls and collisions occur and injuries are a common and ordinary occurrence of the activities. I have made a voluntary choice to participate in these activities despite the risks, dangers, and hazards that these activities present. In consideration of my being permitted to ski, snowboard, or participate in other alpine activities at Anthony Lakes Ski Area, I **expressly and unconditionally agree to assume all risk of injury and death which might be associated with or result from my participation in these activities.**

I understand and acknowledge that as a student of Anthony Lakes School, I will be participating in a variety of activities, including but not limited to on or off-hill instruction, **riding chair-lifts without the instructor and with other adults or youths**, possible transportation by use of a snowmobile or other resort vehicle, and use of terrain features. Furthermore, I understand the philosophy of snowsports lessons are designed to be physically and mentally challenging by increasing your skill level. This may be accomplished by increasing the difficulty of terrain skied and instruction offered.

I also agree to release, indemnify and hold harmless Anthony Lakes Company from any and all loss including injury, damages, or death and expense including attorney fees incurred by reason of claims or liability for claims relating to my participation in Anthony Lakes programs, regardless of whether such claims are alleged to have arisen in whole or in part due to NEGLIGENCE, or any grounds of legal liability, including violation of any duty imposed by a statute, ordinance or regulation, on the part of Anthony Lakes Company, its representatives, agents, affiliates, insurers, officers, directors, and employees.

I agree to comply with and accept the rules and conditions outlined on this document. If any portion of this Anthony Lakes Snowsports School Liability Release Agreement is deemed unenforceable by a court of competent jurisdiction, then all remaining portions remain enforceable and valid. I hereby agree that any claim against Anthony Lakes Company shall be submitted to the jurisdiction of the State or Federal courts in the state of Oregon and no other jurisdiction and shall be governed by Oregon law.

I recognize that medical or dental care may be necessary for the child. I authorize Anthony Lakes Mountain Resort and its agents or employees to render first aid and to call for medical or dental care for the child if, in the opinion of Anthony Lakes Mountain Resort 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.

I understand that the foregoing is a **LIABILITY RELEASE AND A MEDICAL AUTHORIZATION** that is legally binding on the child, our heirs and our legal representatives and I sign it of my own free will. I acknowledge that the foregoing is binding during the 2025/26 ski and snowboard season.

I HAVE ACCURATELY REPRESENTED THE ABOVE LISTED INFORMATION AND IT IS TRUE AND CORRECT. I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF **ANTHONY LAKES SNOWSPORTS SCHOOL LIABILITY RELEASE AGREEMENT**.

SKIER/RIDER SIGNATURE:

X

DATE: _____

IF USER IS A MINOR – SIGNATURE OF LEGAL GUARDIAN IS REQUIRED

PARENT/GUARDIAN SIGNATURE:

X

DATE: _____