

Discover Program
Medical Background

I acknowledge that _____ my son/daughter is in sound physical condition.

If my son/daughter has any preexisting health concerns, they are listed _____

In the event of an accident, I authorized _____ (team leader) to make decisions concerning the medical treatment of my son/daughter until I can be contacted.

Doctor's name & phone #: _____

Insurance Co. & phone #: _____

Daytime phone: _____ cell phone and other #: _____

Emergency contact #: _____

I also hereby consent to emergency treatment, hospitalization, or other medical care as may be necessary by a physician, nurse, hospital, or other medical care provider in the event of any injury or illness suffered or occurring during any of these activities. I also accept full financial and legal responsibility for any such treatment deemed necessary or care that may be necessary for any injury or illness during any of these activities. I understand that the Skiing & Snowboarding classes offered by Alyeska Resort Management Company and/or Alyeska Ski Resort L.L.C., (jointly and severally hereafter referred to as "Alyeska Resort") during the 2011/2012 school year involve physical activities that have some or even inherent risks that might include, but are not limited to bodily injury, partial or total disability, paralysis, and possibly death, as well as personal property damage. As a participant or as a parent or legal guardian of a participant in any of these activities offered through Alyeska Resort, I understand that these risks exist and accept them as part of these activities. Based on this understanding and acceptance, I hereby unconditionally waive, release and discharge from any and all liability from Alyeska Resort and/or any of their employees, agents, and officers and agree that I will never institute or join in any demand, claim, action or suit against Alyeska Resort, and/or any of their employees, agents, or officers for any injury or loss suffered as a result of participating in these activities.

Printed name of parent / guardian

Date

Signature of parent / guardian