



Today's Date _____

Registration

Child's Name: _____ Birthdate: _____ Age: _____

Family Address: _____

City: _____ State: _____ Zip: _____

| Primary Parent/Guardian | Secondary Parent/Guardian |
|-------------------------|---------------------------|
| Name: _____ | Name: _____ |
| Employer: _____ | Employer: _____ |
| Cell Phone: _____ | Cell Phone: _____ |

| Emergency Contact NOT AT THE SKI AREA (REQUIRED) | |
|--|-------------------|
| Name: _____ | _____ |
| Relationship: _____ | Cell Phone: _____ |

Medical Information

Dentist: _____ Phone: _____

Doctor: _____ Phone: _____

Hospital Preference:

St. Anthony's Hospital, 11600 West 2nd Place, Lakewood, CO 80228

Other: _____

Allergies (Food/Medical): _____

Special Diet/Dietary Restrictions: _____

Chronic Medical Conditions: _____

Consent and Signature

I, the undersigned parent/guardian, hereby certify that I have read and understand the information provided in this registration form. I consent to my child's participation in the programs offered by Loveland Child Cares. In the event of a medical emergency, I authorize Loveland Child Cares to seek medical treatment for my child if I cannot be reached.

Parent/Guardian Signature: _____

Date: _____

Please Initial the Following:

_____ I acknowledge that I am **REQUIRED** to remain on the premises of Loveland Ski Area while my child is in childcare and that failure to remain on-site will forfeit my right to use the Loveland Child Care Center.

_____ Loveland Childcare closes promptly at **4:00 pm**. I understand a \$50 charge per 10 minutes will apply for late pickup.

_____ Loveland Childcare will apply sunscreen to the face and arms of my child.

_____ My child has permission to listen to child appropriate music and movies.

_____ My child has permission to participate in any outdoor activities deemed suitable by the CC staff.

_____ I authorize Loveland Ski Area to transport my child by foot/vehicle for emergency purposes only.

_____ I understand that a copy of the Parent Handbook is available for review and I agree to comply with all the information contained therein.

Secret Number for Child Pickup

To ensure the safety of all children in our center, we require a secret pickup number. This number will be known only to you and our staff. When picking up your child, you or any authorized pickup person may be asked to provide this secret number before your child will be released.

Please choose a unique 4-digit secret number: _____

For office use only: Date unenrolled: _____

Loveland Ski Area Childcare Center Assumption of Risk, Release of Liability, and Indemnity Agreement

Please read carefully, this is a legal document

"Released Parties" mean Clear Creek Skiing Corporation doing business as Loveland Ski Area, the United States and each of carriers, subsidiaries, affiliates, officers, directors, shareholders, members, representatives, assignees, employees, volunteers

"Activity" and "Activities" mean participation in the Childcare Center; including all indoor and outdoor activities offered by Childcare Center including but not limited to childcare, outdoor and indoor play and recreation, any other events offered by R and/or using for any purpose the Released Parties' US Forest Service permit area, property, facilities, buildings, amenities, sidewalks, or equipment. "Me", "Myself, and "I", means the adult, being at least 18 years old, who is accepting these terms Myself and on behalf of a minor. "Minor" means the minor Participant. The person(s) actually taking part in the activity "Participant".

In consideration of being allowed to participate in the Activities, on behalf of Myself and all other Participant(s), I agree as follows:

1. Participating in the Activity may be dangerous and involves the risk of physical injury or death. The dangers and risks include, but are not limited to: trips, falls, slick or uneven surfaces, high altitude, cold weather, other participants, food allergies, and communicable diseases/illnesses. I acknowledge that the description of the dangers and risks listed here and that participating in the Activity may be dangerous and may include other risks, including, but not limited to the representations, carelessness, and negligence of Released Parties.

2. By signing this Agreement, I, on my own behalf and, on behalf of Minor, acknowledge the risks and dangers associated and agree to (1) assume any and all risks of injury or death to Participant resulting from participation in any Activity; (2) I agree not to sue or file any actions or claims against Released Parties that are based on, arise or result from, in whole or in part in any Activities, including, but not limited to negligence and premises liability claims; (3) indemnify, defend, and hold harmless Released Parties from and against any and all liability or damage of any kind and from any suits, claims or demands, including legal fees, and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the Activity.

3. I give Released Parties permission to take and use photographs or recordings of Participant taken during an Activity for any purpose in print, advertisements, films or videos and on line and broadcast presentation.

4. I authorize the Released Parties to call for medical care for Participant or to transport Participant to a medical facility if medical attention is needed. I agree to pay all costs associated with such medical care and related transportation.

5. By accepting this Agreement on behalf of any Participants other than Myself, I am representing that I have authorized this Agreement as either the parent or legal guardian of the Participant.

6. This Agreement will apply for every day a Participant engages in any Activity without requiring Me or Participant agreement for each day, season, or year, until a new release of liability and waiver of legal rights is executed by or Participant, or I revoke it in writing and that writing is accepted in writing, signed by the Released Parties' authorized claims arising from or related to any Activity by Participant, including for injury to person or property and/or death under Colorado law, without regard to conflicts of law principles, and that exclusive jurisdiction shall be in the District Court of Colorado or the United States District Court, District of Colorado. This Agreement shall be binding to the fullest extent any provision of this Agreement is found to be unenforceable, the remaining terms shall be enforceable to the full extent. This Agreement shall be binding upon my assignees, subrogor, distributors, heirs, next of kin, executors and personal representatives.

I HAVE CAREFULLY READ THIS AGREEMENT, UNDERSTAND ITS CONTENTS AND ACCEPT IT, ON BEHALF OF MYSELF WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE BY SIGNING BELOW AND/OR I ACCEPT IT BY USE OF THE SIGNATURE LINE BELOW.

Date: _____

Child Name: _____

Signature of Parent/Legal Guardian #1

Signature of Parent/Legal Guardian #2

Printed Name of Parent/Legal Guardian #1

Printed Name of Parent/Legal Guardian #2

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Other person(s) authorized to pick up my child from the Childcare Center:

Names _____ Addresses _____ Phone _____

Names _____ Addresses _____ Phone _____