



KNEE HI SKI SCHOOL SEASON PASS 2005

Midweek Program Starts: 1/4/05

The midweek season pass entitles child to one session each week. You must sign up for session wanted below. It is not valid during either vacation week or on the weekends.

Child's Name _____ Age _____ Sex _____

Session: Tues AM _____ Tues PM _____ Wed AM _____ Thurs AM _____ Thurs PM _____

Mother _____
Name Address Tel #

Father _____
Name Address Tel #

Who to reach in case of emergency: Name/phone # _____

The undersigned, being at least 21 years of age, hereby represents that he /she is the parent or guardian of _____
(hereinafter referred to as the "child").

For myself and for the child, the undersigned agrees & understands that skiing is a hazardous activity, which may result in injury to my child during his/her participation in the King Pine Knee Hi Ski School. Trail conditions vary constantly because of weather changes and skier use. Natural and man-made obstacles, including other skiers, may exist. Participants in King Pine Knee Hi Ski School are solely responsible for their speed and direction at any given time. Enrollment in King Pine Knee Hi Ski School shall not in any way eliminate the inherent risks in snow skiing. I hereby assume all risks in connection with my child's participation in such activities and hereby release Purity Spring Resort, Inc., its representatives, agents, affiliates, officers, directors, and employees from all liability for any injuries or damages and from any claim by me my family, estates, heirs and assigns arising in any way from my child's participation.

In addition, the undersigned agrees to indemnify and hold Purity Spring Resort, Inc., its representatives, agents, affiliates, officers, directors, and employees harmless of and from any harm, injury, damage or loss to person and/or property to the aforementioned child.

The undersigned further authorizes anyone working at the King Pine Knee Hi Ski School to call for such medical care for the child or to transport the child to the appropriate clinic or hospital if, in the opinion of anyone working at the King Pine Knee Hi Ski School, medical attention is needed for the child. The undersigned agrees that upon transporting the child to any medical facility, clinic or hospital that the responsibility of Purity Spring Resort, Inc., shall be totally fulfilled and Purity Spring Resort, Inc., shall not have any further responsibility for the child.

The undersigned agrees to pay all costs associated with such medical care and related transportation for the child and indemnify and hold Purity Spring Resort, Inc., its representatives, agents, affiliates, directors, and employees harmless from any costs incurred therein.

I have carefully read the foregoing release language and understand its contents.

FOR HIMSELF AND FOR HERSELF AS INDIVIDUALS AND AS PARENT OR GUARDIAN OF THE CHILD.

Parent or Guardian _____ Date _____

Knee Hi Season Pass: \$169 _____ w/ Rentals: \$209 _____ MOP _____ Initials _____
Season Pass starts week 1/4/05 and N/A week 2/21-2/25/05

Return to: King Pine Ski Area, 1251 Eaton Rd, Madison, NH, 03849