



GREEK PEAK MOUNTAIN RESORT
PARTICIPANT IN SERVICES ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS and
LIABILITY RELEASE AND INDEMNITY AGREEMENT

In consideration of the services of Greek Peak Holdings LLC (Referred to as ‘the Company’), parent or legal guardian of a minor(s) in participation acknowledges and agrees as follows:

Acknowledgement and Assumption of Risks

I understand that the child / children and parent(s) share responsibility for the child’s /children’s safety, for managing the risks, and for determining the child’s / children’s suitability for participating in the services in which they will participate. I have accurately informed the Company of any and all personal and medical information for the child / children that will inform their care. I agree to all rules and regulations of the Company’s services and will obey them and ensure my child / children obey them. I understand the service being provided is that of ‘Informal Child Care’ and is not certified by any governing or certifying entity but operated as a service to patrons of the Company. I agree to be able to be reached by the method of contact I have given while my child/ children participates in services. I understand that services like those my child/children is participating in has risks that can be known and risks that are unforeseeable. I agree that it is impossible to anticipate every risk that may occur.

Liability Release and Indemnity Agreement

I hereby forever release, waive, and discharge the Company, and each of its respective agents, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under their discretion and control (collectively referred to as “the Released Parties”) from, and agree not to pursue a claim or sue the Released Parties or any of them for any liability, claim, or expense in any way associated with my child’s/children’s participation in the Company’s services or use of any equipment or facilities. Neither I, nor anyone acting on my or my child’s/children’s behalf will make a claim against the Released Parties as a result of any injury, illness, damage, death, or loss. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence, whether active or passive, of the Released Parties to the fullest extent allowed by law (but not for gross negligence) and includes claims for injury, property damage, wrongful death, breach of contract, or any other type of suit.

Additional Provisions

I realize that every attempt will be made to contact me in the event of an incident or injury and should all reasonable steps to contact me be unsuccessful I agree that in the event of incident or injury medical emergency care may be rendered by Greek Peak Mountain Resort employees or emergency medical services. I agree to be responsible for all associated expenses for my child/children’s care. I agree that the substantive law of New York governs this document and any dispute or suit I or my child /children has with the Release Parties. Any mediation, suit, or other proceeding must be filed or entered into only New York State Supreme Court, County of Cortland.

Print Child Name(s) and Age(s):	Date: _____
1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
Print Parent / Guardian Name:	Sign Parent / Guardian Name:
_____	_____

Greek Peak and Hope Lake Lodge

Babysitting Registration Form

Please fill in every blank and complete the form as thoroughly as you can. The information you provide will help us to provide you and your child with excellent service and a good experience.

Parent / Guardian Name:		
Phone Number (best to reach you while babysitting):		
Hope Lake Lodge Guest: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Address:		
Emergency Contact Name (should we be unable to reach you):	Emergency Contact Relationship:	Emergency Contact Phone Number:
Name of other adult who can pick up your child:		
Child's Name:	Age:	Gender:
Allergies:	Medications:	Other Information or needs:
Child's Name:	Age:	Gender:
Allergies:	Medications:	Other Information or needs:
Child's Name:	Age:	Gender:
Allergies:	Medications:	Other Information or needs:
Child's Name:	Age:	Gender:
Allergies:	Medications:	Other Information or needs: