



I agree that Marquette Mountain, its agents, affiliates, employees, will not be responsible for any personal injury suffered by my child in the day care/ski wee and I hereby release and discharge releases from any claim or cause of action relating to any such personal injury. I (we), being the parent or guardian of the below named minor approve this release, waive any rights in the premises, and agree to fully indemnify and hold harmless releases from and against any loss, liability, damage, cost and expense which releases may incur or sustain relating to any personal injury suffered by the below-named minor in the day care/ski wee. I certify that the below name minor is physically fit to participate in the day care/ski wee. I give my permission for Marquette Mountain to copyright, publish or resell photographs, tapes or videos of me, for use in its promotional materials.

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Child's last name	Child's first name	Middle Initial
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Child's Age	Email
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Parent's last name	Parent's first name
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Child's home address	City, State, Zip	Phone Number
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Who else to contact in case of emergency? \_\_\_\_\_

Is this child capable of independently riding the chair lift? \_\_\_\_\_

Is there anything special we should know about you child (dietary needs, medications, learning, difficulties, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*Children must be picked up from day care afternoon session by 4:30\*\*\***

The following is/are authorized to pick up the above child from day care/ski wee at the designated times. No more than two people maybe authorized to pick up a child.

- 1.
- 2.
3. \_\_\_\_\_  
Name, printed and signature
  
4. \_\_\_\_\_  
Name, printed and signature

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Parent/Guardian signature	Date
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