North Muskegon MS/HS Alpine Club 2025 CONDUCT AND WAIVER DOCUMENT

Please return this form to the NM High School office with full payment

Full payment is required to reserve your spot. (Space is limited & will fill up! First come, first serve.)

Student Name (PRINT)	Grade	Age
(Guardian Initial) We have reviewed & completed all	of the forms required to partic	cipate in NM
Alpine Club and agree to abide by all rules/guidelines of our	school and Caberfae Peaks. I	Failure to do so
may result in dismissal from the club at the discretion of the	advisors and administration.	
(Guardian Initial) We understand that there is no selli	ing or trading of dates and the	ere will be no refunds
(Guardian Initial) We will have someone at the school arrive around 11:30 pm.	ol to pick up our club member	when the buses
(Guardian Initial) We understand that there is a poss that we may need to drive up to Caberfae to pick our member	-	ould get hurt and
(Guardian Initial) We understand that our club memb while on the slopes. Failure to do so will result in c		
(Guardian Initial) We understand that improper behav without refund.	rior could result in dismissal fr	om the program
*Student Signature	Date	
*Parent/Guardian Signature	Date	

North Muskegon Alpine Club 2025

(Page 1) IMPORTANT: THIS IS A LEGAL DOCUMENT, PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING. ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

This Agreement must be completed in order to participate in the activities associated with this program and course.

Program: North Muskegon Alpine Club

I, the undersigned, am either the Participant named above or the parent and/or legal guardian ("Guardian/Parent") of the minor Participant named above.

TERMS AND CONDITIONS

I will participate or authorize the Participant to participate in the above program at North Muskegon High School I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program which may expose the participant to illness, injury, or death. Participant or guardian/parent freely and voluntarily participates or allows participation in the program with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury or death.

WAIVER, RELEASE AND INDEMNIFICATION

Participant or Guardian/Parent of Participant understands and acknowledges that the North Muskegon Public Schools (School) is not an insurer of Participant's behavior, actions or participation in the program, and that the School assumes no liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of Participation in the Program activities. Participant or Guardian/Parent hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless the School, and all of their officers, employees and agents (collectively the "Releases") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the above named Program, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

Participant does not have any medical conditions that would prevent participation in course Program. Participant has adequate health insurance to cover the costs of treatment in the event of any injury.

PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT AND THE RELEASES AND SIGNS IT OF HIS OR HER OWN FREE WILL.

Parent/Guardian	Initial:	Date:

North Muskegon Alpine Club 2025

(Page 2) IMPORTANT: THIS IS A LEGAL DOCUMENT, PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING. <u>ASSUMPTION OF RISK, WAIVER OF</u> <u>LIABILITY AND INDEMNIFICATION AGREEMENT</u>

Participant (print full name):		
I am signing this Agreement for myself as Participant. I acknowledge and ge and that I understand the terms of this Agreement.	wledge that I	am eighteen (18)
Signature of Participant	Date	
I am signing this Agreement on behalf of a minor Participant. Guardian/Parent of the Participant and that I understand the terms of		
Signature of Legal Guardian and/or Parent of Participant Date		
Contact in case of emergency:		
Phone #:		
Insurance #:		
Carrier:		
Carrier Address:		
Carrier Phone Number:		