SEASONAL PROGRAM PARTICIPANT PARENTA Please fill out ONE form for each person participating in to	AL RELEASE FORM ne program under the age of 18. ALL items MUST be complete.
Parents Name:	
Participants Name:	
Program Attending for 2017-18 Season:	
SUPERVISION RELEASE CONSENT (Choose 1 c	<u>f 2)</u>
□ I,	(Parent/Guardian) give permission to Hunter
Mountain Ski Seasonal Programs to release my ch	ild (Participant)after
sessions without my being present to include relea program sessions.	se during the lunch break and at the end of the each day's
lunch break and at the end of the day when training and my child's coach will not be responsible for the	Il be released from their coaches supervision during the is finished. I understand that Hunter Mountain Ski Bowl supervision on my child during the above listed nonto return to the Seasonal Programs Meeting area after
□ I,	_ (Parent/Guardian) do not give permission to Hunter
Mountain Ski Bowl Seasonal Programs to release n	ny child,(Participant)
,	g present. I, below adult or guardian will drop off and pick
	ated area for Seasonal Programs drop off and release.
The following people are to whom my child may	be released from Seasonal Programs:
Please Print 1)	 _
2) 3)	
3)	
Signature of Mother or Father or Legal G	uardian:
Date:	
Witness:	

Return Form to: Kristin Spychalsky (Race Director) or Kathy Ebbers (Seasonal Programs Coordinator) Hunter Mountain, P.O. Box 295, Hunter, NY 12442