



Sugarbush Soaring

YOUTH SOARING CAMP RELEASE FORM

I _____, give my permission to Tom Anderson and/or Jen Stamp and/or Virginia Hanson and/or Eric Hanson to get medical attention for my child (name), _____, for the period of time that they are at the Youth Soaring Camp (YSC) at Sugarbush Soaring Association at the Warren-Sugarbush Airport in Warren, Vermont.

To promote the sport of soaring, Sugarbush Soaring offers a “hands-on” experience for young people interested in aviation. It is hoped that these campers will learn by actively taking part in the operations of a busy glider airport. They will, under qualified supervision, be involved with the preflight preparation, ground towing, launch and recovery, and instructional flights in a glider, either with or under supervision of an FAA certified Glider Flight Instructor at the Warren-Sugarbush Airport in Warren, VT. The camper will also participate in other recreational/educational day trips and activities.

By participating in camp, you AGREE TO ASSUME ALL RISKS, WHETHER OR NOT DESCRIBED, KNOWN OR UNKNOWN, INHERENT OR OTHERWISE, INCLUDING INJURY OR DEATH and to RELEASE FROM LIABILITY AND TO HOLD HARMLESS Sugarbush Soaring Association, or any of its affiliates, activity operators, equipment manufacturers, land owners, and any of their employees or agents for ANY AND ALL CLAIMS arising out of the user's participation, including negligence of a released party.

I have read the above and give my permission for my child (name), _____, to be a student in a glider and to participate in the Youth Soaring Camp and its activities at Sugarbush Soaring Association.

I give my permission for (name) _____ to appear in photos associated with Sugarbush Soaring that may be used for publicity or outreach for Sugarbush Soaring or in general on our website and social media.

Print name (parent or guardian): _____

Signed (parent or guardian): _____

Date: _____



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Camper name: _____

Dates of attendance at Youth Camp: _____

Medical Insurance Company: _____

Insurance company phone #: _____

Policy #: _____

Emergency Contact Information:

Parent 1 name: _____ Cell Phone # _____

Parent 1 alternative phone # (work/home): _____

Parent 2 name: _____ Cell Phone # _____

Parent 2 alternative phone # (work/home): _____

Alternative emergency contact name: _____

Alternative emergency contact cell phone #: _____

Alternative phone # (work/home): _____

*Please mail, or scan and email the completed form
to: soar@sugarbushsoaring.com no later than June 1st.*