

**Durable Power of Attorney  
&  
Parent Medical Consent**

I, the undersigned, authorize Inn of the Mountain Gods Resort & Casino, dba Ski Apache (“Ski Apache”), and any medical or dental personnel to allow \_\_\_\_\_ (Group Leader/s) to act in my stead and *in loco parentis* for my child(ren) to make any and all medical decisions and arrangements that are appropriate and in the best interest of my child/ren for personal medical care, equipment rental arrangements, Snow Sports Learning Center arrangements and lift ticket purchase, and:

To give consent to sign my name and the name of my child(ren) to any and all release(s) of liability and indemnity agreements and I am aware and intend that these agreements do release legal rights and causes of action which I may assert on my and my children’s behalf so as to legally bind me and my child(ren) for any act or omission related to medical care and decisions, Snow Sports Learning Center, rental equipment and lift ticket arrangements at Ski Apache for my child(ren).

I authorize \_\_\_\_\_ in the event I cannot be contacted or if urgency dictates to act *in loco parentis* for my child(ren) in the event of accident or illness which may necessitate medical or dental treatment, including without limitation, surgery, x-ray, blood transfusion, anesthesia and medication and securing transportation. I give consent in my name and in the name of my child(ren) to any and all types of medical, surgical or dental treatment or procedures. I hereby accept full and exclusive liability for all costs incurred as a result of such medical or dental treatments for my child(ren).

Consistent with the provisions of Federal and State laws, I further authorize the disclosure of any confidential or privileged communication or information related to the care of my child(ren) as well as said information related to medical care and decisions, Snow Sports Learning Center, rental equipment and lift ticket arrangements at Ski Apache for my child(ren).

I declare that I am the parent or legal custodian of \_\_\_\_\_ and that I have legal authority to grant medical consent to the temporary guardian/group leader for my child(ren).

This medical consent will be in effect (“Effective Term”) from \_\_\_\_\_ to \_\_\_\_\_.

This Durable Power of Attorney shall remain in full force and effect during the Effective Term until such time as I revoke the same in writing and provide the executed revocation to the Director of Ski Operations for Ski Apache.

Notwithstanding anything to the contrary contained in this Durable Power of Attorney or elsewhere, I agree that this instrument shall not impair, modify or amend any other agreement which I may have executed and given to Ski Apache. This Durable Power of Attorney shall be construed under the laws of the State of New Mexico. Venue regarding any dispute of this Durable Power of Attorney shall be in the tribal courts of the Mescalero Apache Tribe

Signature \_\_\_\_\_ Parent/Guardian

Signature \_\_\_\_\_ Parent/Guardian

A photocopy of this document shall be deemed original for all purposes.

Please list any medical conditions currently affecting your child that emergency personnel should know about: (such as allergies, seizures, chronic illness, etc.)

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Please list any medication that is currently being administered to your child:

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