

**Mount Snow Children's Ski & Snowboard School/Clinic Registration Form**

- 1. Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_
- 2. Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_
- 3. Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
(Please Print First & Last Name)

Home Address: \_\_\_\_\_  
(Street or PO Box) (City, State, Zip)

Home Phone: \_\_\_\_\_ Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ **EMERGENCY PHONE:** \_\_\_\_\_

DO YOUR CHILDREN HAVE **ALLERGIES, DIETARY OR SPECIAL NEEDS** WE SHOULD BE AWARE OF? **YES** or **NO** (circle one)

If **YES**, please bring this information to the attention of the program supervisor and the ski/snowboard pro to whom your child has been assigned.

**EXPRESS ASSUMPTION OF RISKS INDEMNIFICATION AND FORUM SELECTION AGREEMENT**

**(Please Read Carefully)**

Participants in this clinic will **NOT** always **RIDE THE SKI LIFTS** with a Ski/Snowboard Pro and/or an adult and may ride alone or with another child. If you want your child to **always** ride with a Pro or an adult, please arrange for Private Clinics.

I understand that all forms of alpine activities are hazardous, with many inherent and other risks requiring the deliberate control and good judgment of the participant. Falls and injuries are a common occurrence of all alpine activities, including these clinics. **The participant will be continually challenged in these clinics by performing difficult maneuvers on varying terrain and he/she may enter or use the area's terrain parks, participate in off trail skiing/boarding, and/or half-pipes.** I agree that these inherent and other risks include but are not limited to these challenges, plus changing weather, visibility and surface and sub-surface conditions, such as ice and bare spots, trees, snowmaking & lift towers, fences, signs, posts, hydrants and pipes, water bars, snow grooming equipment, snowmobiles and other man-made objects, variations in terrain including slope design and collisions with other skiers/riders.

I freely and willingly accept and voluntarily **assume all risk** of property damage, personal injury, or death which may result from my child's participation in these clinics and the inherent and other risks of such activities as they are defined herein, except damages, injury, or death which may occur while being transported on a ski lift at a time when they are in full compliance with all rules and regulations regarding such transportation.

I further agree that the phrase "inherent and other risks" means those risks which are listed in this agreement, or those that can reasonably be inferred there from. I also agree that these risks are both obvious and necessary to these winter sports activities.

Therefore, in consideration of the herein services I agree that I will not make any claim nor bring any suit for any damages, injury or death to my child which results from any such inherent and other risks, as I have agreed they are defined herein. I also agree, that in the event that anyone makes any claim against Mount Snow Ltd., Peak Resorts or any of its officers, directors, shareholders, agents, and/or employees (Mount Snow), as a result of any of my child's activities on their premises or the use of their facilities that I will **hold harmless and indemnify** Mount Snow for such claims.

**I further agree that any dispute arising under this contract and/or from any use by my child of any of the premises or facilities at Mount Snow shall be litigated exclusively in the Superior Court of Windham County, Vermont, or the U.S. District Court for the District of Vermont tried under and subject to Vermont law.**

I agree that this contract may be plead as an affirmative defense to any claim that I might make as a result of any damage, injury, and/or death which my child may sustain as a result of his/her participation in these clinics and caused by the inherent and other risks of alpine activities. I further agree that this contract is binding upon me, my heirs and assigns. To the extent that I am signing this document on behalf of any minor, I represent and guarantee that I have full authority to do so realizing the full binding effect of this contract on them as well as on myself. If any portion of this agreement is deemed unenforceable, the remainder shall be given full force and effect.

I acknowledge that in the event that my child's equipment malfunctions a Mount Snow staff member will select and sign for rental equipment from our shop so he/she can continue his/her lesson. By signing here I agree to this practice and give Mount Snow Staff permission to sign for replacement equipment in my place.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Mountain Camp/Riders program participants ONLY:**

My children named above all have my permission to leave **UNESCORTED** at the end of class.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_