

For Office Use Only

Group Name: CATAMOUNT ADVENTURE GROUP

Program Day: SATURDAYS Time: 1:00 – 3:00



**PROGRAM RULES & POLICIES**

- **DURATION** – The Catamount Adventure Group provides each participant a predefined number of weeks (usually six (6) starting in January) We will not ski together on the Martin Luther King or President’s weekends (1/14 & 2/18).
- **REFUNDS & MAKE-UPS** – While make-ups will be organized for the entire group where circumstances warrant, there are **NO REFUNDS OR INDIVIDUAL MAKE-UPS** permitted under this program for any reason.

**PROGRAM PARTICIPANT’S DETAILS**

Please complete **ALL** the information requested below. Please print clearly using black or blue ink.

Participant’s Full Name: .....

Address: .....

City: ..... State: ..... Zip: .....

Phone (Day): ..... (Evening).....(Mobile) .....

E-mail Address: .....

**Ability Level:** Beginner\_\_\_\_ Intermediate\_\_\_\_ Advanced\_\_\_\_

**PROGRAM TERMS & CONDITIONS - DECLARATION & ACCEPTANCE**

**Please read carefully before completing and signing**

1. I acknowledge that skiing and snowboarding, like many other sports, contains inherent risks including but not limited to the risks of personal injury, death or property damage which may be caused by variations in terrain or weather conditions, surface or sub-surface snow, ice, bare spots or areas of thin cover, moguls, ruts, bumps, other persons using the facilities, rocks, forest growth, debris, branches, trees, roots, stumps or other natural objects or man-made objects that are incidental to the provision and/or maintenance of a snowsports facility in the states of New York and Massachusetts. In this regard, I agree to be bound by the provisions of Mass. G. L., Ch 143, Sec 71P or NYS Gen Obligations Law, Article 18, as applicable.
2. I understand that an on-mountain pass will be issued to the participant named herein, valid for the duration of the program. I further understand that a fee of \$5 will be levied in respect of a forgotten pass (one occasion only permitted after which it will be treated as a lost pass) and \$30 for the issue of a replacement pass.
3. I understand that the participant’s on-mountain privileges may be revoked for 1. vandalism, theft or destruction of property owned by Catamount or others; 2. use or sale of prohibited or restricted substances or alcohol on the Catamount property; 3. selling, transferring or loaning of an on-mountain pass of any description; 4. reckless behavior of any description on or off the mountain, 5. entering or using closed trails and areas; 6. misuse of on-mountain lifts or 7. misuse of the on-mountain permit.
4. I hereby certify that **all information** submitted on this form is true and correct to the best of my knowledge and belief.
5. I acknowledge that the Catamount Adventure Group is a pre-paid program. I further acknowledge and agree to pay the full cost of my participant’s enrolment in this program in the amount of \$ ..... (as calculated on back). I have provided my preferred payment method and information on back.
6. I have carefully read the Rules, Policies, Terms and Conditions of this program and agree to be bound by the same.

Participant’s Signature ..... Date: .....



**CATAMOUNT ADVENTURE  
2011-2012 GROUP PRICING**

**Your Group Name: CATAMOUNT ADVENTURE GROUP**  
**Your Program Day: SATURDAY Time: 1:00 – 3:00**

<b>SATURDAY</b>	
Session ends At 3:00 PM	
CATAMOUNT ADVENTURE GROUP	\$275
Total	\$

\* Please note that we do not offer snowblade or skiboard lessons or rentals as part of this program at this time.

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**PROGRAM PAYMENT**

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I have enclosed my cash/check or money order **OR**  I authorize Catamount to charge my credit-card as below.

Credit Card Type:  Visa  MasterCard  American Express  Discover  Check # \_\_\_\_\_

Credit Card # ..... Zip Code .....

Name on Card ..... Exp. Date ..... V Code .....

Cardholder's Signature ..... Date .....