

For Office Use Only

Program Name ALL MOUNTAIN FREERIDE PROGRAM

Season Pass # _____

Purchase Date _____ Amount Paid \$ _____



**ALL MOUNTAIN FREERIDE PROGRAM
REGISTRATION FORM
2017 - 2018**

Discipline- Ski: **Snowboard:** (Please check one)

PROGRAM PARTICIPANT'S DETAILS

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

Participant's Full Name: _____ Age: _____

Parent's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Evening) _____ (Mobile) _____

E-mail Address: _____

EXPRESS ASSUMPTION OF RISKS, INDEMNIFICATION AND FORUM SELECTION AGREEMENT

1. Warning: Clinics, Competitions and Special Events offer more challenges than regular skiing and snowboarding by having participants maneuver in and around trees sometimes on very steep un-groomed terrain; launch off large jumps and near vertical walls of the half pipe, at times achieving significant altitude; maneuvering in and around racing gates; ski/ride backwards; ski/ride on or off of manmade features; and ski/ride on Catamount's most challenging terrain.
2. Acknowledgement: As the participant or parent/guardian of the participant I understand the enhanced risks of serious injuries arising from these activities and admit that only I know whether the participant has the skill and experience to participate in these advanced ski/ride clinics.
3. All forms of Alpine activities are hazardous, 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 and becoming air-borne while ski/riding on steep challenging terrain. I agree that these challenges, plus changing weather, visibility and surface and sub-surface conditions, such as ice and bare spots, trees, variations in terrain, slope design and collisions with other skiers/riders and other manmade objects such as signs, fence posts, and off-trail snowmaking equipment are risks of the sport and are inherent to all Alpine activities. I also agree that these risks are both obvious and necessary to these winter sports activities.
4. Therefore, in consideration of all of the above I agree that I will not make any claim nor bring any suit for any damages, injury or death to the participant which results from any inherent risks or other risks, as I have agreed they are defined herein. This contract may also be pled as an affirmative defense to any claim that I might make as a result of any damage, injury, and/or death which I, or my child may sustain as a result of his or her participation in and caused by the inherent or other risks of winter sports. I also agree, that in the event that anyone makes any claims against Catamount or any of its affiliates, officers; directors, shareholders, agents, and/or employees, as a result of the participant's activities on its premises or the use of their facilities, that I will indemnify and hold harmless Catamount from such claims.
5. Participants must have the ability to ride a lift with other children or with the general public after receiving instructions in order to participate.
6. I, for myself and my heirs and assigns hereby acknowledge and accept these risks in order for myself or my child to become a more accomplished skier/ rider. I agree that any claim that I may at any time bring against Catamount shall be brought in the Superior Court, Berkshire County, Massachusetts or the U.S. District Court for the District of Massachusetts and no other jurisdiction and shall be governed by Massachusetts law.
7. Participants must have the ability to ride a lift with other children or with the general public after receiving instructions in order to participate.
8. I consent and agree for myself or my minor child to be bound by this agreement and I hereby indemnify Catamount for all awards, legal expenses and settlements arising out of the child's participation in this competition and use of the ski area premises. I consent to the reproduction and use by Catamount Ski Area of photographs, videos and other images and sound recordings of me, without compensation, for advertising or other purposes; and I release Catamount Ski Area and other Released Parties from liability for any violation of any personal and/or proprietary right I may have in connection with such reproduction or use.

Parent's/Guardian's Signature _____ Print Parent's/Guardian's Name: _____
(Required if participant is a minor.) First and Last Name, please print clearly

Participant's Signature _____ Date _____

PROGRAM PAYMENT

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 # _____ Billing Zip Code _____

Name on Card _____ Expiration Date _____ Security Code _____

Cardholder's Signature _____ Date _____



**ALL MOUNTAIN FREERIDE PROGRAM
2017-2018**

	BEFORE OCT 31ST	AFTER OCT 31ST
SATURDAYS & SUNDAYS	\$725	\$825
12/16/17 – 03/11/18 (Excluding 12/25)	*Season pass required, but not included in price	
9:00 AM – 3:00 PM		