



Person who took call: _____

Date and time of call: _____

Forms Received: Waiver _____ Medical Release _____

Intro to Ski Racing **REGISTRATION FORM** Ages 6 - 12

NAME OF RACER _____

DATE OF BIRTH _____ AGE _____

ADDRESS _____

CITY / TOWN _____ ZIP _____

PHONE _____ * EMAIL _____

***Needed to notify parents about program information**

NAME OF PARENT/GUARDIAN _____

EMERGENCY CONTACT

NAME _____ PHONE _____

Payment type (circle):

Cash Check Credit CC# _____

Exp. Date _____ CVV# _____

Billing Zip Code: _____

MOUNT SOUTHLINGTON SKI AREA
RACING WAIVER, ASSUMPTION OF RISK, RELEASE & ARBITRATION AGREEMENT

In consideration for being allowed to participate in competitive racing and/or training (the "Event") at Mount Southington Ski Area (the "Facility"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Facility, Mount Southington Limited Partnership (the "Partnership"), and/or Mount Southington Restaurant and Lounge, Inc. (the "Lounge") arising out of the inherent risks of participating in the Event;
- 2) **TO ASSUME ALL RISKS INHERENT IN PARTICIPATING IN THE EVENT;** and
- 3) **TO RELEASE** the Facility, the Partnership, the Lounge, their owners, affiliates, officers, directors, employees, agents, and shareholders, from all liability for any loss, damage, injury, or expense that the Participant (or his/her next of kin) may suffer, arising out of the inherent risks of participation in the Event, which include, but are not limited to, the instruction received while participating in the Event.

The Participant acknowledges and agrees that the inherent risks of participating in the Event are in addition to those referenced in *Connecticut General Statutes § 29-212*. **The participant acknowledges and agrees that it is their responsibility to close the restraining device on the chair lift, as referenced in Connecticut General Statutes § 29-213.** The Participant also acknowledges that this agreement does not, in any way, change the rights or obligations of the Facility, the Partnership, the Lounge, or the Participant, as set forth in *Connecticut General Statutes § 29-211, et. seq.*, other than as set forth in this agreement.

Arbitration

The Participant hereby agrees to submit any dispute arising from participation in the Event to arbitration, for the sole purpose of determining whether the alleged injury arises from a risk inherent in the activities engaged in by the Participant while participating in the Event. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the "Panel"), to be chosen by the party-appointed arbitrators. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the District of Connecticut. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in Hartford, Connecticut and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. **In the event that the Panel determines the alleged injury arises from a risk inherent in the Participant's participation in the Event, the claim shall be deemed barred, as a matter of law, and the Participant shall be barred from recovering any compensation from the Facility, the Partnership, and/or the Lounge. In the event that the Panel determines the alleged injury did not arise from a risk inherent in the activities engaged in during the Event, the Participant shall proceed to the Superior Court of Connecticut, or if appropriate, the United States District Court, for the District of Connecticut, for a trial de novo.**

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Acknowledgement: I grant permission to Mount Southington Ski Area to use my photograph, videotape, motion picture recording, or any other record of my use of its facilities for purposes such as our Facebook page, website, brochure, or other legitimate advertising.

Participant's Signature: _____ Date: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____ Email: _____

(If the Participant is UNDER 18)

RACER INFORMATION (PLEASE PRINT LEGIBLY)

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Town _____ State _____

Zip Code _____ Phone () _____ Age _____ Date of Birth ____/____/____ Male / Female (circle one)

Parental Medical Treatment Release and Authorization
Winter Season 2016-2017

I, the parent or guardian of the child listed below, hereby give permission to Mount Southington Ski Patrol to render any medical care deemed necessary for the safety of my child, including but not limited to, transportation to the nearest hospital capable of providing appropriate treatment. I further agree to pay all costs associated with any medical treatment rendered after my child leaves the care of Mount Southington Ski Patrol.

Child's Name

Child's Date of Birth: ____/____/____

Child's known allergies or medical conditions: _____

Parent's Printed Name

Parent's Signature

Date

Parent's Phone Number: _____

Intro to Ski Racing

REGISTRATION INFO

Ages 6 - 12

Saturday 8:30am - 11:30am

January ~ 7, 14, 21, 28

February ~ 4, 11, 18, 25

Program Price \$650

***Includes a lift ticket good until 5pm**

REGISTRATION PROCEDURE

- 1) Fill out the attached registration form, waiver, and parent medical treatment release & authorization form, and return them to MOUNT SOUTHLINGTON, PO BOX 347, SOUTHLINGTON, CT 06489 or drop them off at Guest Services.
- 2) Full payment must accompany the enrollment form.
- 3) The forms and payment must be received one week prior to the start of the session. No children will be added to the session once it begins.
- 4) *Space is limited so enroll early!*

CHECK IN PROCEDURE

- 1) Your **Intro to Ski Racing** Ticket is printed in advance.
- 2) On the first day, please check in at the Ski School Courtesy Desk on the deck beside the Main Ticket Windows. Someone will direct you where to go to meet the Race Team Director and pick up your ticket.
- 3) Once you receive your ticket, proceed to the Alpine Training Center near the Race Building to meet with the coaches.