



# WILDTHINGS

MULTI-WEEK PROGRAM FOR SKIERS & SNOWBOARDERS AGES SIX - FOURTEEN

**Wildthings** is Mount Southington’s multi-week, all day ski school for skiers and snowboarders. The program is offered in four or eight sessions of consecutive Saturdays or Sundays through January and February 2019. The program offers four hours of skiing or riding, all mountain lift tickets good until 5:00 pm, a supervised lunch, and miles of smiles.

| <b>SKI &amp; SNBD</b> | <b>Lift, Lesson, Rentals &amp; Lunch (Package)</b> | <b>Lift, Lesson &amp; Lunch</b> | <b>Lesson Only</b><br><i>Child must be 2018-2019 Season pass holder</i> | <b>Lunch Add-on</b><br><i>Child must be 2018-2019 Season pass holder</i> |
|-----------------------|--|---------------------------------|---|--|
| <b>4 Weeks</b>        | \$510.00   | \$410.00                        | \$201.00  | \$48.00  |
| <b>8 Weeks</b>        | \$975.00   | \$780.00                        | \$392.00  | \$96.00  |

**Wildthings is not a beginner program.** Children must be able to turn in both directions, stop when directed and ride the chairlift. In **Wildthings**, imagination and high mileage is the order of the day. Grouped by age and ability, your youngsters will become a whole new breed of snowsport animals. They’ll work with the same ski pro every time and enjoy V.I.P. lift access. What kind of **Wildthings** will your child be?

**TERDADACTYL DOWNHILLERS** -- STRONG WEDGE TURNERS

**TYRANASKIERS** -- OPEN TRACK PARALLEL, BLUE TRAILS

**VELOCIRACERS** -- DYNAMIC PARALLEL, INTRO TO RACING, ALL TRAILS

**PLANKASAURUS'** -- FOR SNOWBOARDERS OF ALL ABILITIES

**Wildthings** runs from 10:00am to 3:00pm, lunch at noon  
 For more information call (860) 628-0954  
 Or [www.mountsouthington.com](http://www.mountsouthington.com)



# WILDTHINGS

PROGRAM INFORMATION  
2018-2019 Season



**SESSION ONE**  
**SATURDAYS**

Jan 5<sup>th</sup>, 12<sup>th</sup>, 19<sup>th</sup>, 26<sup>th</sup>  
*Make ups -February 2<sup>nd</sup>*

**SESSION ONE**  
**SUNDAYS**

Jan 6<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup>  
*Make ups -February 3<sup>rd</sup>*

**SESSION TWO**  
**SATURDAYS**

Feb 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>, Mar 2<sup>nd</sup>  
*Make up - March 9<sup>th</sup>*

**SESSION TWO**  
**SUNDAYS**

Feb 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup>, Mar 3<sup>rd</sup>  
*Make up - March 10<sup>th</sup>*



## REGISTRATION PROCEDURE

1) Fill out attached form completely and either bring it to Guest Services or mailed it to:

Mount Southington  
PO Box 347  
Southington, CT 06489

2) Full payment must accompany enrollment form.

3) Form and payment must be received one week prior to start of session. *No children will be added to sessions already in progress.*

4) **Wildthings** is a first-come, first-serve program. Each session will be limited to the 30 skiers and 10 snowboards.

5) **Helmets are required for all participants.** We do not rent helmets, but you can purchase them in our ski shop located in the Red Barn Cafeteria.

## CHECK IN PROCEDURE:

1) Upon arrival, please check in at the Ski School Courtesy Desk on the deck beside the Main Ticket Windows. Your child will be provided with their lift ticket and rental card (if purchased).

2) If renting equipment, proceed to the Rentals Department for assistance.

3) Continue on to the **Wildthings** check-in at the Children's Ski School Meeting Area.



# WILD THINGS

## REGISTRATION FORM 2018-2019 Season

Name of Wildthing \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent \_\_\_\_\_ Primary Phone \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_

**\*Needed to notify parents about program updates and changes**

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Check One**    Ski \_\_\_\_\_    Snowboard \_\_\_\_\_

**Check Applicable Session/Day  
& Circle Payment Amount**

**Package    W/O Rentals**

**Lesson Only**

*Child must be 2018-2019  
season pass holder*

SESSION ONE SATURDAYS    \_\_\_\_\_    \$510    \$410    \$201

SESSION ONE SUNDAYS    \_\_\_\_\_    \$510    \$410    \$201

SESSION TWO SATURDAYS    \_\_\_\_\_    \$510    \$410    \$201

SESSION TWO SUNDAYS    \_\_\_\_\_    \$510    \$410    \$201

EIGHT WEEK SATURDAYS    \_\_\_\_\_    \$975    \$780    \$392

EIGHT WEEK SUNDAYS    \_\_\_\_\_    \$975    \$780    \$392

**Add Lunch (Only for child with 2018-2019 season pass)**

4 Weeks \_\_\_\_\_ \$48    8 Weeks \_\_\_\_\_ \$96

### Payment Options

Credit Card or Gift Card # \_\_\_\_\_

(Credit Card Only) Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV# \_\_\_\_\_ Billing Zip code \_\_\_\_\_

Other Payment Method *(circle one)*    Check    Cash

Person who Took Call \_\_\_\_\_ Date \_\_\_\_\_

Wildthings

**MOUNT SOUTHTON SKI AREA SNOW SPORTS SCHOOL WAIVER, ASSUMPTION OF RISK, RELEASE & ARBITRATION AGREEMENT**

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE THE RIGHT TO CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

PLEASE PRINT ALL INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET: \_\_\_\_\_ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

In consideration for being allowed to participate in the Snow Sports School 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 Snow Sports School;
- 2) **TO ASSUME ALL RISKS INHERENT IN PARTICIPATING IN THE SNOW SPORTS SCHOOL;** 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 Snow Sports School, which include, but are not limited to, the instruction received while participating in the Snow Sports School.

The Participant acknowledges and agrees that the inherent risks of participating in the Snow Sports School 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 Snow Sports School 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 Snow Sports School. 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 Snow Sports School, 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 Snow Sports School, 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.**

**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.

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.

Student's Name (Please Print): \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

**XX Parents or Guardians must also sign if the participant is UNDER 18.**

Parent/Guardian Name (Please Print): \_\_\_\_\_

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

**Parental Medical Treatment Release and Authorization**  
**Winter Season 2018-2019**  
**Wildthings**

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 Name

Child's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's known allergies or medical conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date