



# INTRO PROGRAMS Registration Form Ages 6 - 16

<b>Forms Received:</b>
Waiver_____
Medical Release _____
Paid _____Date_____

## Intro to Alpine ski Racing & Intro to Free Skiing

<b>**PROGRAM CHOICE (check one): **</b>	<b>Alpine Ski Racing</b> _____	<b>Free Skiing</b> _____
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Athlete's Name \_\_\_\_\_ NASTAR ID (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ \* Email \_\_\_\_\_

**\* Email is needed to notify parents about program information**

Name of Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact (If parent/guardian cannot be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_ Date of Payment \_\_\_\_\_

Payment type (circle): Cash Check Credit E-Store

Credit Card Information MC / VISA / DSCV / AMEX

Name on CC \_\_\_\_\_

CC# \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Office Use: Person who took call: _____	Date of call: _____
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**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 Name (Please print legibly): \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Parent/Guardian Signature required if the participant is under age 18:***

Parent/Guardian Name (Please print legibly): \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please Fill Out 'Parental Medical Treatment Release & Authorization' Form too!**

**Parental Medical Treatment Release & Authorization**  
**Winter Season 2019-2020**

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.

\_\_\_\_\_  
Athlete's Name

Athlete's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Athlete's known allergies or medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Printed Name                      Parent's Signature                      Date

Parent's Phone Number: \_\_\_\_\_

**Please Fill Out 'Racing Waiver, Assumption of Risk, Release & Arbitration Agreement' Form too!**