



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 2020. 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.

SKI & SNBD	Lift, Lesson, Rentals & Lunch (Package)	Lift, Lesson & Lunch	Lesson Only <i>Child must be 2019-2020 Season pass holder</i>	Lunch Add-on <i>Child must be 2019-2020 Season pass holder</i>
4 Weeks	\$550.00	\$450.00	\$230.00	\$50.00
8 Weeks	\$1020.00	\$825.00	\$450.00	\$100.00

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



WILDTHINGS

PROGRAM INFORMATION
2019-2020 Season



SESSION ONE
SATURDAYS

Jan 4th, 11th, 18th, 25th

SESSION ONE
SUNDAYS

Jan 5th, 12th, 19th, 26th

SESSION TWO
SATURDAYS

Feb 8th, 15th, 22nd, 29th

SESSION TWO
SUNDAYS

Feb 9th, 16th, 23rd, Mar 1st



REGISTRATION PROCEDURE

- 1) Fill out attached form completely and either bring it to Guest Services or mail 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.**

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.

Received: Medical Form_____ Waiver_____ Payment _____



WILD THINGS

REGISTRATION FORM 2019-2020 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 <small>Child must be 2019-2020 season pass holder</small>
SESSION ONE SATURDAYS _____	\$550	\$450	\$230
SESSION ONE SUNDAYS _____	\$550	\$450	\$230
SESSION TWO SATURDAYS _____	\$550	\$450	\$230
SESSION TWO SUNDAYS _____	\$550	\$450	\$230
EIGHT WEEK SATURDAYS _____	\$1020	\$825	\$450
EIGHT WEEK SUNDAYS _____	\$1020	\$825	\$450

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

4 Weeks _____ \$50 8 Weeks _____ \$100

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 _____

MOUNT SOUTHLINGTON 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: _____

Winter Season 2019-2020

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



Release Agreement

(Please Print)

Child's Name _____

Parent/Guardian _____

Email Address _____

Home Address _____

City _____ State _____ Zip Code _____

Phone _____ Emergency Phone _____

I hereby release Mount Southington Ski Area and its customers, vendors, and employees, full permission to use film, slides, photographic prints, digital images, or other reductions from all negatives or master records made of me or of my voice by their employees and to make or use photographic prints for other reproductions of all or part of said negatives and to make alterations and additions for publications, films and related training materials.

I agree that I am to receive no compensation, no ownership rights.

As part of this agreement, I hereby represent and certify that I am of full age and authority and the right to contract in my own name.

Signature _____ Date _____

I, the undersigned, being the parent or guardian of the above person, do hereby consent to the above release and signature thereto.

Signature _____ Date _____

Attendance Policy

Check in time is 9:45 am at Wildthings Desk near base of Thunderbolt Triple Chairlift. Groups leave at 10am. Pick up time is 3pm, same location as drop off. **If you are late, you will miss the morning session and will meet up with the group at lunch time.**

Signature Parent/Guardian

LUNCH ORDER FORM:

NAME: _____

Sandwich type:

Ham ___ Turkey ___ Bologna ___

Bread:

White ___ Wheat ___ Rye ___

Cheese: Yes ___ No ___

Lettuce: Yes ___ No ___

Tomato: Yes ___ No ___

Pickle: Yes ___ No ___

Pick 2 of 3:

Fruit ___ Chips ___ Cookie ___

Drink:

Milk _____ Juice _____

LUNCH ORDER FORM:

NAME: _____

Sandwich type:

Ham ___ Turkey ___ Bologna ___

Bread:

White ___ Wheat ___ Rye ___

Cheese: Yes ___ No ___

Lettuce: Yes ___ No ___

Tomato: Yes ___ No ___

Pickle: Yes ___ No ___

Pick 2 of 3:

Fruit ___ Chips ___ Cookie ___

Drink:

Milk _____ Juice _____

LUNCH ORDER FORM:

NAME: _____

Sandwich type:

Ham ___ Turkey ___ Bologna ___

Bread:

White ___ Wheat ___ Rye ___

Cheese: Yes ___ No ___

Lettuce: Yes ___ No ___

Tomato: Yes ___ No ___

Pickle: Yes ___ No ___

Pick 2 of 3:

Fruit ___ Chips ___ Cookie ___

Drink:

Milk _____ Juice _____

LUNCH ORDER FORM:

NAME: _____

Sandwich type:

Ham ___ Turkey ___ Bologna ___

Bread:

White ___ Wheat ___ Rye ___

Cheese: Yes ___ No ___

Lettuce: Yes ___ No ___

Tomato: Yes ___ No ___

Pickle: Yes ___ No ___

Pick 2 of 3:

Fruit ___ Chips ___ Cookie ___

Drink:

Milk _____ Juice _____