

# Little Tykes Ski Club

2019-2020

- \* Welcome to the Little Tykes Ski Club! Your session is highlighted below. As a reminder, the session starts at 4:45pm and runs until 7pm, with a lift ticket that is good until 8:00pm.
- \* **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.

## FIRST WEEK PROCEDURE

- \* We recommend you arrive between 4pm and 4:15pm. Please visit Guest Services to pick up your ticket and rental card (if purchased). Your child will use the same ticket for all three lessons.
  - If your child is renting equipment, you must fill out a rental card and bring it to the Rentals Department. The card will remain in Rentals for the duration of the program. *Please remember to return the rental equipment by 8pm each week.*
- \* Once you are all situated, you will head over to the Beginner Area at the far left of the slopes. An instructor will be there to further assist you.

## REGULAR PROCEDURE

- \* Please report directly to the Beginner Area prior to the 4:45pm lesson. Make sure your child is wearing their lift ticket.
- \* If your child is renting, please stop by Rentals before heading over to the Beginner Area.

## PROGRAM DATES

*Tuesday Session 1 – 1/14, 1/21, 1/28*

Wednesday Session 1 – 1/15, 1/22, 1/29

*Tuesday Session 2– 2/18, 2/25, 3/3*

Wednesday Session – 2/19, 2/26, 3/4

*Thursday Session – 2/20, 2/27, 3/5*

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Lift and Lesson: \$225.00

Lift, Lesson, and Rental: \$335.00

Lesson Only (child must be 2019/2020 season pass holder): \$135.00

\*\* Mount Southington reserves the right to cancel this program and refund any money received if the program does not exceed 8 participants.

# Little Tykes Ski Club

1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> grade skiers and snowboarders

Child's Name: \_\_\_\_\_ GRADE: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Email: \_\_\_\_\_ Primary number: \_\_\_\_\_

\*Used to inform parents of program updates and changes

I would like to join your mailing list for newsletters and special offers

Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Session Purchased (Check One)

SKI	Lift & Lesson	Lift, Lesson & Rental	Lesson Only**		SNBD	Lift & Lesson	Lift, Lesson & Rental	Lesson Only**
	\$225.00	\$335.00	\$135.00			\$225.00	\$335.00	\$135.00
Tuesday Session 1 1/14, 1/21, 1/28					Tuesday Session 1 1/14, 1/21, 1/28			
Wednesday 1/15, 1/22, 1/29					Wednesday 1/15, 1/22, 1/29			
Tuesday Session 2 2/18, 2/25, 3/3					Tuesday Session 2 2/18, 2/25, 3/3			
Wednesday 2/19, 2/26, 3/4					Wednesday 2/19, 2/26, 3/4			
Thursday 2/20, 2/27, 3/5					Thursday 2/20, 2/27, 3/5			

\*\*Child must be a valid 2019/2020 season pass holder

### Payment Options

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

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

CVV#: \_\_\_\_\_ Billing Zipcode: \_\_\_\_\_

Other Payment Method (circle) Check Cash

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

**MOUNT SOUTHINGTON 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: \_\_\_\_\_

**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 2019-2020**

**Little Tykes**

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