

► **2009/10 Knee-Hi Ski School's Seasonal Program**

For ages 4 - 7 • January 5 - March 18, 2010

For any ability, the Seasonal Knee-Hi program offers our youngest skiers the chance to learn through fun, engaging games and on-snow activities during midweeks.

Please note:

The midweek program entitles child to one session each week, but is not available during school vacation weeks or on weekends.

Child's Name: _____ Date of Birth: _____ Sex: _____
 Session (circle one): **Tues AM** **Tues PM** **Thurs AM** **Thurs PM**
 Knee Hi seasonal program: Without rentals: \$195 _____ With rentals: \$250 _____

Mother's Name: _____ Cell #: _____
 Mother's Email: _____ Home #: _____
 Address: _____

Father's Name: _____ Cell #: _____
 Father's Email: _____ Home #: _____
 Address: _____

Emergency Contact: _____ Phone #: _____

LIABILITY RELEASE

The undersigned, being at least 18 years of age, hereby represents that he /she is the parent or guardian of: _____ (hereinafter referred to as "my child").

For myself and for my child, I agree and understand that skiing and snowboarding is a hazardous activity, which may result in injury to my child during his/her participation in the King Pine Knee Hi Ski School. Trail conditions vary constantly because of weather changes and skier use. Natural and man-made obstacles, including other skiers, may exist. Participants in King Pine Knee Hi Ski School are solely responsible for their speed and direction at any time. Enrollment in King Pine Knee Hi Ski School cannot in any way eliminate the inherent risks in skiing or snowboarding. I hereby assume all risks in connection with my child's participation in such activities and hereby release Purity Spring Resort, Inc., its representatives, agents, affiliates, officers, directors, and employees (hereinafter "RELEASES") from claims for injuries or damages to my child due to the RELEASES NEGLIGENCE or any other cause. I intend this release to be binding on my child and his/her legal representatives, heirs and assigns. I agree to indemnify and hold the RELEASES harmless for any claim brought against them by my child or his/her legal representatives, heirs or assigns.

I further authorize anyone working at the King Pine Knee Hi Ski School to call for such medical care for my child or to transport my child to a medical facility if, in the opinion of anyone working at the King Pine Knee Hi Ski School, medical attention is needed for my child. I agree that upon transporting my child to any medical facility that any responsibility of Purity Spring Resort, Inc. for my child's medical care shall be completed. I agree to pay all costs associated with such medical care and related transportation for my child and agree to indemnify and hold RELEASES harmless from any liability and costs incurred therewith.

I have carefully read the foregoing release liability language and understand its contents, and voluntarily enter into this legally binding contract limiting my child's and my own legal rights.

Parent or Guardian: _____ Date: _____

Please complete form and return to:
King Pine, 1251 Eaton Rd, Madison, NH, 03849 or fax to (603) 367-8664

<p>OFFICE USE ONLY</p> <p>Amt. Paid: _____</p> <p>Method: _____</p> <p>If check, #: _____</p> <p>If CC, type: MC V DISC</p>
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