



► 2018/19 Terrain Park & Freestyle Program Registration

Terrain Park & Freestyle Program - Ages 8-14

Four Week Program - begins on Sunday, January 6 through January 27, 2019.
Sundays only at 1:30 p.m. -3 p.m.
Email info@kingpine.com for more information or call 603-367-8896.

Price: \$120 for 4 week program.

*Please note that Terrain Park & Freestyle Program does not include a season pass or lift ticket.

Child's Name: _____ Age: _____ Date of Birth: _____ Gender: _____

Mailing Address: _____

Parent/Guardian Name: _____ Daytime Phone #: _____

Email: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____ Relationship to Skier: _____

LIABILITY RELEASE

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 Terrain Park & Freestyle Program. Trail conditions vary constantly because of weather changes and skier use. Natural and man-made obstacles, including other skiers, may exist. Participants in Terrain Park & Freestyle Program are solely responsible for their speed and direction at any time. Enrollment in Terrain Park & Freestyle Program cannot in any way eliminate the inherent risks in skiing or snowboarding. I hereby assume all risks in connection with my participation in such activities and hereby release Purity Spring Resort, Inc., its representatives, agents, affiliates, officers, directors, and employees (hereinafter "RELEASEES") from claims for injuries or damages to me due to the RELEASEE'S NEGLIGENCE or any other cause. I intend this release to be binding on me and my legal representatives, heirs and assigns. I agree to indemnify and hold the RELEASEES harmless from any claim brought against them by myself or my legal representatives, heirs or assigns.

I further authorize anyone working at the Terrain Park & Freestyle Program to call for such medical care for me or to transport me to a medical facility if, in the opinion of anyone working at the Terrain Park & Freestyle Program, such medical attention is needed for me. I agree to pay all costs associated with such medical care and related transportation for me and agree to indemnify and hold RELEASEES 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 own legal rights.

Parent or Guardian Signature: _____ Date: _____

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

OFFICE USE ONLY
Amt. Paid:
Method:
If check, #:
If CC, type: MC V DISC