

**Senior Program - For 55+ intermediate skiers**

A four week discovery program available on Tuesday mornings from 9 a.m. - 11:30 a.m. 55+ skiers with intermediate skiing abilities are welcome to meet in the King Pine base lodge at 9 a.m. for coffee and a muffin while everyone gets geared up and ready to head out on the slopes for weekly lessons.

Please contact Ski School Director Trisha Jacobson at [tjacobson@purityspring.com](mailto:tjacobson@purityspring.com) for more information.

**Program Times and Dates:**

4 weeks starting on Tuesday, January 8, 15, 22, 29, 2019. Meet at 9 a.m. in Fireplace Room for coffee and muffins, on snow from 9:30 - 11:30 a.m.

**Program Fees:**

\_\_\_\_\_ Tuesday, \$125 for four week program. Includes lift ticket during lesson.

**Registration Form**

Name:

Date of Birth:

Mailing Address:

Phone #:

Email:

Emergency Contact First/Last Name:

Phone:

**LIABILITY RELEASE**

I agree and understand that skiing and snowboarding is a hazardous activity, which may result in injury to me during my participation in the Senior Seasonal Programs (hereinafter including but not limited to KPS&SS). Trail conditions vary constantly because of weather changes and skier use. Natural and man-made obstacles, including other skiers, may exist. Participants in KPS&SS are solely responsible for their speed and direction at any time. Enrollment in KPS&SS 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 RELEASEES 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 for any claim brought against them by myself or my legal representatives, heirs or assigns.

I further authorize anyone working at the KPS&SS 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 KPS&SS, medical attention is needed for me. I agree that upon transporting me to any medical facility that any responsibility of Purity Spring Resort, Inc. for my medical care shall be completed. 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.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete form and return 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