



► 2019/20 Ski Instructor Training Program

Six sessions beginning on Saturday, December 14 and ending on Sunday, January 5, 2020.

An appropriate signed release of liability, registration form, and payment must be submitted before participants will be allowed to participate in any program.

Program Fee: \$100

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

Mailing Address: _____

Email: _____

Parent/Guardian Name(s): _____ Daytime Phone #: _____
Cell #: _____

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

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 Ski Instructor Training Program. Trail conditions vary constantly because of weather changes and skier use. Natural and man-made obstacles, including other skiers, may exist. Participants in Ski Instructor Training Program are solely responsible for their speed and direction at any time. Enrollment in Ski Instructor Training Program 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 "RELEASEES") from claims for injuries or damages to my child due to the RELEASEE'S 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 RELEASEES 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 Ski Instructor Training Program 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 Ski Instructor Training Program, such medical attention is needed for my child. I agree to pay all costs associated with such medical care and related transportation for my child 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 child's and my own legal rights.

Parent or Guardian: _____ Date: _____

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

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