

Team Ski: ages 6-13*, Team Ride: ages 8-13

Team Ski program begins on Thursday, December 26 through Sunday, March 8, 2020. Saturdays and/or Sundays and Christmas and February Vacation Weeks Monday & Friday 1:30 p.m. - 3:30 p.m. *6-7 year olds must be assessed on snow by a King Pine Coach to ensure proper program placement. An appropriate signed release of liability, registration form, and payment must be submitted before participants will be allowed to participate in any program.

Email info@kingpine.com for more information or call 603-367-8896.

PROGRAM (PLEASE CIRCLE ONE): TEAM SKI TEAM RIDE TWO DAYS - Saturday & Sunday

_____ \$399 Two days per week (Saturday & Sunday)

ONE DAY - Saturday OR Sunday: Please circle Saturday or Sunday.

_____ \$275 Saturday or Sunday program

Seasonal Program Season Pass: _____ \$270 (Juniors 6-12)
 _____ \$325 (Teen 13-18)

Age as of January 1, 2020. Seasonal program pass cannot not be combined with any other discounted passes and/or offers.

Program does not include lift access. A lift ticket or season pass will be required by all participants and must be purchased in addition to the cost of the program.

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

Mailing Address: _____

Parent/Guardian Name: _____ Daytime Phone #: _____

Email: _____ Cell #: _____

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

Please check what best describes your child's skill level:

- | | |
|---|---|
| <input type="checkbox"/> I can make wedge turns in both directions. | <input type="checkbox"/> I can keep my skis parallel throughout entire turn. |
| <input type="checkbox"/> I can make rhythmical skidded turns and can ride the Powder Bear chair lift. | <input type="checkbox"/> I can ski most anywhere with parallel turns that are dynamic and consistent. |
| <input type="checkbox"/> I can match my skis throughout the last half of my turn. | <input type="checkbox"/> I am an excellent parallel skier and can ski on varied terrain and varied snow conditions. |
| <input type="checkbox"/> I am developing my parallel turn and I'm exploring all Intermediate terrain. | |

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 Team Ski. Trail conditions vary constantly because of weather changes and skier use. Natural and man-made obstacles, including other skiers, may exist. Participants in Team Ski are solely responsible for their speed and direction at any time. Enrollment in Team Ski 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 Team Ski 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 Team Ski, 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, 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