

BIG SKY TELE CAMP REGISTRATION 2010

Names

Ability Level

	Blue Skier	Black Skier	Expert Skier
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Big Sky Tele Camp January 14-16, 2010

_____ \$517 includes: 3 days instruction and lift tickets

_____ \$370 includes: 3 days instruction (Season Pass Holder)

Payment Information:

VISA Mastercard Amex Discover Personal Check

Name on card: _____

Credit Card # _____

Expiration date: _____

Please submit this form through any of the following by January 2nd.

Snowsports School

Big Sky Resort

P.O. Box 160001

Big Sky, MT 59716

-OR-

Fax to: (406) 995-5097

If you have any questions or need to contact us, please call (406) 995-5743

**BIG SKY SNOWSPORTS SCHOOL REGISTRATION & ACKNOWLEDGEMENT OF RISK
AND LIABILITY RELEASE AGREEMENT**

Required for EVERY participant in the Snowsports School including Adults; Parent/Guardian must complete on behalf of each minor child.

Parent /Adult Participant's Name _____

Home Address _____ City _____

State _____ Zip _____ Home Phone _____

Mobile Phone _____ Local Phone _____

Email Address (optional) _____

Big Sky Address / Lodging Location _____

Participating Children's Information:

1st Name _____ **Age** _____ **Birth Date** _____

Do you give this child permission to leave the lesson without a parent/guardian after the lesson has concluded? YES ___ NO ___

Does this participant have any medical condition that we should know about? YES ___ NO ___

If YES, please elaborate _____

2nd Name _____ **Age** _____ **Birth Date** _____

Do you give this child permission to leave the lesson without a parent/guardian after the lesson has concluded? YES ___ NO ___

Does this participant have any medical condition that we should know about? YES ___ NO ___

If YES, please elaborate _____

3rd Name _____ **Age** _____ **Birth Date** _____

Do you give this child permission to leave the lesson without a parent/guardian after the lesson has concluded? YES ___ NO ___

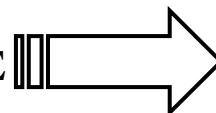
Does this participant have any medical condition that we should know about? YES ___ NO ___

If YES, please elaborate _____

Do you give permission for the participant(s) to be given emergency medical treatment at the Big Sky Medical Clinic (a private facility) should she/he need attention? Y ___ N ___

IF THE PARTICIPANT LEAVES THE LESSON AT ANY TIME WITHOUT THE INSTRUCTOR'S PERMISSION, THE SCHOOL WILL NOT BE HELD RESPONSIBLE!

PLEASE SIGN REVERSE



ACKNOWLEDGMENT OF INHERENT DANGERS AND RISKS OF SKIING

I acknowledge that skiing, which means any activity that involves sliding or jumping on snow or ice, **involves inherent dangers and risks that are part of the sport and cannot be eliminated** including: changing weather conditions; snow conditions as they exist or as they may change, including ice, hardpack, powder, packed powder, wind pack, corn snow, crust, slush, cut-up snow, and machine-made snow; avalanches, except on open, designated ski trails; collisions with natural surface or subsurface conditions, such as bare spots, forest growth, rocks, stumps, streambeds, cliffs, trees, and other natural objects; collisions with lift towers, signs, posts, fences, enclosures, hydrants, water pipes, or other artificial structures and their components; variations in steepness or terrain, whether natural or the result of slope design, snowmaking, or snow grooming operations, including but not limited to roads, freestyle terrain, ski jumps, catwalks, and other terrain modifications; collisions with clearly visible or plainly marked equipment, including but not limited to lift equipment, snowmaking equipment, snow grooming equipment, trail maintenance equipment, and snowmobiles, whether or not the equipment is moving; collisions with other skiers; the failure of a skier to ski within that skier's ability; skiing in a closed area or skiing outside the ski area boundary as designated on the ski area trail map; and restricted visibility caused by snow, wind, fog, sun, or darkness. **I accept all legal responsibility for injury or damage of any kind to the extent that the injury or damage results from inherent dangers and risks of skiing.**

I agree that I have a duty to ski at all times in a manner that avoids injury to the skier and others and to be aware of the inherent dangers and risks of skiing. The skier shall: know the range of the skier's ability and safely ski within the limits of that ability and the skier's equipment so as to negotiate any section of terrain or ski slope and trail safely and without injury or damage; know that the skier's ability may vary because of ski slope and trail changes caused by weather, grooming changes, or skier use; maintain control of speed and course so as to prevent injury to the skier or others; abide by the requirements of the skier responsibility code that is published by the national ski areas association; obey all posted or other warnings and instructions of the ski area operator; read the ski area trail map and be aware of its contents.

I assume all such risks and agree to **RELEASE, HOLD HARMLESS AND INDEMNIFY** Big Sky Resort, Boyne USA, Inc. its agents, employees, and instructors from any and all claims and liabilities arising out of or in connection with the snowsports school and/or all of the associated premises. If I am signing on behalf of a minor, I verify that I am the parent or guardian of the minor and have authority to enter into this agreement and I agree to **RELEASE, HOLD HARMLESS AND INDEMNIFY** Big Sky Resort, Boyne USA, Inc. its agents, employees, and instructors from any and all claims of the minor.

I have carefully read this complete form, fully understand its contents and sign the same of my own free will and accord.

Signature

Printed Name

Signature of Parent or Guardian of Minor

Printed Name

Address

Phone

Date