

OPEN SESSION REGISTRATION '08



NAME	AGE	SKI	SNBD
ADDRESS			
CITY	ST.	ZIP	
PHONE			

DESCRIBE your ability, favorite runs, or anything else you want to tell us

PARENTS NAME: _____

CONTACT NUMBER: _____

Email Address: _____

Release of Liability form SNOWSPORTS SCHOOL RELEASE

I recognize that skiing and snowboarding are hazardous sports that can result in serious injury or death. I accept the risks inherent in skiing and snowboarding, and in the ski area/mountain environment. I agree to RELEASE, HOLD HARMLESS, AND INDEMNIFY SCHWEITZER MOUNTAIN LLC, SCHWEITZER MOUNTAIN FACILITIES LLC, SCHWEITZER MOUNTAIN SKI OPERATIONS LLC, SCHWEITZER MOUNTAIN REAL ESTATE LLC, ("SCHWEITZER"), AND ITS OWNERS, AFFILIATES, AGENTS AND EMPLOYEES from all claims for any cause, including negligence, which arises out of participation in skiing, snowboarding and all related activities; including, but not limited to, Schweitzer Snowsports School programs and travel to and from Schweitzer Mountain, or travel to and from Schweitzer Snowsports School. This Release is binding as to any other persons, including family members, heirs and executors.

If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in skiing, snowboarding and all related activities, including Schweitzer Snowsports School programs and/or travel to and from Schweitzer Mountain. I understand my child may ride the lift alone, with another child or with an adult other than his coach. I also agree to

In case of an emergency if I cannot be reached, Schweitzer has my permission to obtain any medical and/or First Aid treatment necessary

This release is intended to be a comprehensive Release of Liability the fullest extent allowed by law.

Student Name	Date of Birth	Program: Open Session
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Parent/Legal Guardian Signature	Date
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Pick it		
Full On (all 8 weeks)	<input type="checkbox"/>	\$339
Core (6 punch card)	<input type="checkbox"/>	\$255
Rage for a Day	<input type="checkbox"/>	\$55

Pay for it	
check #	_____
visa <input type="checkbox"/>	MC <input type="checkbox"/>
Card #	_____
exp. Date	_____
Signature	_____

send registration to : Snowsports School, 10,000 Schweitzer Mtn Rd, Sandpoint, ID 83864