



Seasonal Program Contact Info 2009-2010

Participant's name: _____

Note: Please fill out a separate form for each child registered in a program.

My Child is in Little Crossroads Crossroads

Age: _____ Height: _____ ft. _____ in. Weight: _____ lbs.

Parents' or Legal Guardians' names: _____

Best Way to Contact: _____

E-Mail: _____

Local phone number: _____ Cell phone number: _____

Motorola radio channel: _____

Please list any allergies, medical conditions or special needs that the coaches should be aware of:

Note: Please fill out a separate form for each child registered in a program.

I, the undersigned parent/ guardian, authorize the Stratton Junior Ski School to obtain medical aid in case of illness or injury, and to have equipment adjusted by an authorized technician if necessary.

Signature: _____ Date: ____ / ____ / _____

PLEASE PRINT CLEARLY. Thank you!

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2009/10 Crossroads Multi-week Winter Sport Form

School/Group Name: Crossroads

Parent/Guardian must complete top section prior to child's participation in Crossroads program.

Participant Name: _____
Last First Middle Initial

Address: _____ City: _____
 State: _____ Zip: _____ Home Phone (____) _____
 Age: _____ Male ___ Female ___ Height: _____ Weight: _____
 Shoe Size: _____ Downhill Skier Type: 1 2 3 Snowboard Stance: Regular ___ Goofy: ___

Parent / Guardian Name: _____
 Parent / Guardian's Signature _____ Date _____

VERIFICATION OF EQUIPMENT INSTRUCTIONS & VISUAL INDICATOR SETTINGS

I understand and agree that it is my responsibility as the group coordinator or guardian to ensure the participant(s) will not use the equipment provided under this agreement until I confirm that the participant has received instruction and fully understands the use and function of the equipment. My signature on this form affirms that I have verified that the visual indicator settings on this form (if any) agree with settings on the equipment provided to me.

The applicant or guardian agrees and takes full responsibility for any charges incurred and agrees to allow Stratton Corporation to charge the credit card currently on file or provided below.

_____ - Exp _____

Session No.	Rental Date	Snowblades, Snowboard Inventory Number	Snowboard Boot Inventory Number	Boot size	Snowblade setting	Tech. initials	Coach Signature (required each session/transaction)	Charge Date
<u>Session 1</u>								
<u>Session 2</u>								
<u>Session 3</u>								
<u>Session 4</u>								
<u>Session 5</u>								
<u>Session 6</u>								
<u>Session 7</u>								
<u>Session 8</u>								
<u>Session 9</u>								
<u>Session 10</u>								
<u>Session 11</u>								
<u>Session 12</u>								
<u>Session 13</u>								
<u>Session 14</u>								

Parent/Guardian must complete this section prior to child's participation in seasonal program

**Multi Week Rental & Assumption of Risk Agreement
Parent/Guardian – Please read carefully before signing.**

I agree upon behalf of my child to accept for use **AS IS** all equipment to be provided to my child during multi-week program, and I agree to accept full financial responsibility for the care of the equipment while it is in my child's possession. I will be responsible for the replacement at full value of any equipment provided under this form, but not returned to the shop. I agree my child will return all rental equipment by the agreed date.

I agree that either I, or an adult (Stratton Mountain Ski School Coach) I designate, will execute the verification on the front of this form, for each session. All participant personal information I provide is true and correct.

I understand that the binding system cannot guarantee the user's safety. In downhill skiing, the binding system will not release at all times or under all circumstances where release may prevent injury or death, nor is it possible to predict every situation in which it will release. In snowboarding, snowblading, sled dogs and cross-country skiing, the binding system will not ordinarily release during use; these bindings are not designed to release as a result of forces generated during ordinary operation.

I understand that the sports of skiing, snowboarding/snowblading sled dogging and other recreational activities involve inherent and other risks of **INJURY, DEATH, AND/OR PROPERTY DAMAGE. I VOLUNTARILY AGREE TO EXPRESSLY ASSUME ALL RISKS OF INJURY OR DEATH THAT MAY RESULT FROM SKIING/SNOWBOARDING/SLED DOGGING USE, PARTICIPATION IN THE MULTI-WEEK PROGRAM, OR WHICH RELATE IN ANY WAY TO THE USE OF THE EQUIPMENT MY CHILD WILL BE ISSUED.**

I promise not to make a claim or bring a lawsuit against the ski/snowboard shop, its owners, affiliates, agents, officers, directors and the manufacturers and distributors of the equipment, including Stratton Mountain Resort, for any claim of liability or responsibility for injury, death, property loss and damage which results from the equipment user's participation in the sport of skiing/snowboarding/sled dogging, participation in any multi-week program, or which may in any way be related to the use of the equipment I have rented.

I further agree to defend and indemnify Stratton Mountain Resort for any loss or damage, including any that results from claims or lawsuits for personal injury, death, and property loss and damage related in any way to the use of the equipment or participation in this multi-week program.

The applicable law of the State of Vermont governs this agreement. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

I THE UNDERSIGNED, HAVE READ AND UNDERSTAND THIS RENTAL EQUIPMENT & ASSUMPTION OF RISK AGREEMENT. I AFFIRM THAT I HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR USER AND I AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT.

Parent/Guardian's Signature:

Date: