

# SLEEPING GIANT SKI AREA

## REGISTRATION FORM

### No Entry Fee

Ages 7-22

#### CONTACT INFORMATION

Athlete Name: \_\_\_\_\_

Gender: ☐ Female ☐ Male

Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FOR THE 2021 Springfest Terrain Park Jam-

In consideration of myself OR my child being permitted to participate in any way in the Sleeping Giant Ski Area ('Activity') of the above-named Sleeping Giant Ski Area, I represent that I do, on behalf of myself OR my child:

I acknowledge, agree and represent that I fully understand the nature of snowsports and snowsports school activities, and that I am and my child (if applies) are qualified, in good health, and in proper physical condition to participate in such Activity.

I fully understand that (a) Sleeping Giant Ski Area ("Activity") involve risk and dangers of serious injury, (b) these risks and dangers may be caused by my own (or my child's) actions or inactions, or the actions of the inactions of others participating in the Activity and/or the conditions of which the Activity takes place.

I hereby agree for myself and my child (if applies) to release, discharge and covenant not to sue, the above listed Sleeping Giant Ski Area or its parent organization, its respective administrators, directors, owners and lessors of the premises of property on which the Activity takes place (each considered "Releasees" herein), from all liability claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise.

I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the Activity. My signature signifies that I fully understand and agree to be bound by this Release and Waiver Agreement, for myself and for my underage child (if applicable), and agree that if any portion of the agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

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I agree to these terms: Name of Parent: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Name of Child: \_\_\_\_\_