



Registration Form

\$40 for Clinic and/or Park contest

I want to participate in Boarding for Breast Cancer on Saturday, February 11th!

Cash Check (Payable to Win-Sum Ski Corp.)

Credit Card: _____ Exp. _____

Name: _____ Age: _____

Address: _____

Email: _____

Park Clinic (Women only)

Freeride Clinic (Women only)

Check off snowboarding ability if you are participating in a clinic.

_____ Beginner _____ Intermediate _____ Advanced

Park Contest (Men & Women)

Be sure to fill out the 2nd Page.

Fax to 716.699.5204 or mail to PO Box 370 - Ellicottville NY 14731
or bring to Registration



HOLIDAY VALLEY PERMISSION TO PARTICIPATE IN COMPETITIONS AND ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

READ CAREFULLY THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AFFECTS YOUR AND YOUR CHILD'S LEGAL RIGHTS

1. Parental Consent.

I have enrolled myself/my child in Holiday Valley's Boarding for Breast Cancer on Sat., February 11, 2012

Please check which event(s) registrant will participate in.

- Womens Park Clinic – 10:30AM in the Progression Park on School Haus
- Womens Freeride Clinic - 10:30AM - Meet at Registration upstairs of Clubhouse Chalet
- Best Trick Park Contest – 1PM in 42/78 Terrain Park

2. Assumption of Risk.

I understand that this includes, but is not limited to, races, boarder cross events, rail jams, jumping, and events in terrain parks and half-pipes. I acknowledge that this type of skiing/snowboarding is dangerous. I understand that the competitions include risks of injury from, but not limited to, falls, terrain park elements, jumps, slide rails and other man made features, changing weather conditions, bare spots, variations in snow, ice, other ground cover, surface and subsurface conditions, and terrain, bumps, moguls, rocks, debris, equipment and machinery on slopes, collisions with other skiers and snowboarders and natural and man made objects, and skier/snowboarder error. I/my child will visually inspect the terrain and features before participating in each competition. Fencing, equipment covers, padding, signs, rope lines, and other marking devices may be in place in the terrain in which the competition takes place. These markers will not prevent injury. I understand that it is my/my child's responsibility to stay away from marked areas. I also understand that there may be natural and man made hazards which may not be marked. I acknowledge that I/my child have sufficient skills to participate in each competition safely, and that I/my child will use equipment that is suitable for participating in each competition safely. I am aware that participation in each competition may result in serious injury, property damage, or death from these risks, and I voluntarily accept such risks on behalf of myself and my child. I have explained the risks inherent in each competition to my child in an age appropriate manner and he/she has acknowledged that he/she understands and accepts those risks.

3. Effect on Legal Rights.

I have read this agreement carefully and understand its contents. I have read this agreement to my child and he/she has acknowledged that he/she understands its contents. I am aware that the agreement includes an express assumption of risk. I understand that this agreement may affect legal claims for damages in the event of death or any injury to me/my child. I acknowledge that any questions I/my child have about this agreement or the risks inherent in participating in the competitions have been answered to my/my child's satisfaction. I signed this document of my own free will.

4. Controlling Law.

I agree that the terms of this agreement are binding on me/my child, and shall be governed by the Laws of the State of New York.

5. Model Release: I hereby consent to the use of my name and picture by Holiday Valley, their agents or assigns, for any and all purposes including without limitation television, theater, publication, and any other trade or advertising purposes.

Inverts / Sommersaults are Not Permitted. An invert in practice or during competition will result in a disqualification.

Initials _____

Date: _____

Registrant: _____

Witness: _____

Parent/Guardian: _____

(if under 18)