



P.O. Box 88 • Dayton, WA 99328
 (509) 382-4725
 (509) 382-4726 Fax

PROGRAM REGISTRATION

Program Name _____
 Start Date _____

Name _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip code _____

Home Phone _____

Work Phone _____

PROGRAM FEE

#1 - Lift and Lesson	\$ _____
#2 - Lift Only	\$ _____
#3 - Lessons Only	\$ _____
#4 - Rentals	\$ _____
#5 - Transportation	\$ _____
Subtotal	\$ _____
Late Fee	\$ _____
Total Amount Due	\$ _____

LESSONS: (check one)

SKI

SNOWBOARD

_____ 1 st Time skier	_____ 1 st Time snowboarder
_____ Skied once or twice	_____ Rode once or twice
_____ Intermediate	_____ Intermediate
_____ Advanced	_____ Advanced

VOLUNTARY WAIVER AND RELEASE FROM LIABILITY: I am aware that skiing/snowboarding are hazardous sports that include certain risks and dangers, including the risk of serious injury (or death). I voluntarily accept full responsibility for all risks involved, including risks inherent in skiing and snowboarding and in the area/mountain environment. I accept full responsibility to ski/snowboard safely at all times, to abide by the Skier Responsibility Code which is posted on the lodge bulletin board, and to obey all posted behavior notices and any other ski area rules and policies. Any equipment I use while skiing/snowboarding, I use at my own risk. I agree to RELEASE, HOLD HARMLESS, AND INDEMNIFY Ski Bluewood Ski/Snowboard School and GO SKI, INC. dba SKI BLUEWOOD area and its employees, agents, contractors, subsidiaries, officers or owners from all claims for any injury or damage resulting from any cause, including negligence, which arises out of my participation while skiing, snowboarding, and other snow sports, or using any other sliding device or any use of the facilities at SKI BLUEWOOD, or travel to and from Ski Bluewood. This RELEASE is also binding as to any others persons, including all 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 or travel to and from Ski Bluewood Ski/Snowboard School. I also agree to HOLD HARMLESS and INDEMNIFY Ski Bluewood for any claims of any nature brought by the minor. In addition, I hereby waive any and all claims based on any injuries to the minor, including but not limited to claims for loss of consortium or companionship.

Participants must sign this release regardless of age.

I HAVE READ THIS VOLUNTARY WAIVER AND RELEASE FROM LIABILITY AND AGREE TO ALL TERMS.

DATE

PARTICIPANT

DATE

PARENT/LEGAL GUARDIAN IF UNDER 18

MEDICAL FORM

Name _____ Address _____ Phone _____

Birthdate _____ Age _____ Grade _____ School _____

Parents/Guardian Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Doctor's Name _____ Phone _____

List any physical problems or allergies that should be noted _____

As parent or guardian for minor _____ we authorize Ski Bluewood and any other medical provider and/or medical facility to provide any medical care that is deemed necessary.

Parent/Legal Guardian

Print name