

High School Holiday Week Race Camp



December 26-29, 2011

(please print:)

Name Of Racer: _____ Date of Birth: _____

Phone: _____ Racer Address: _____

Mailing Address: _____ Parent Address: _____

City: _____ State: _____ Zip: _____

Emergency name and phone: _____

Anyone who participates in this Race Camp can purchase a **PATS PEAK** Season Pass at the special rate of \$239.

Sign Up Deadline: December 16, 2011

COST

- \$260 for 4- Day Race Camp *This race camp is for high school students only*
- \$165 Season Pass Holder
- \$239 for **PATS PEAK** Season Pass

~Release of Liability~

I have enrolled the afore-named student in the program ("Program"). I understand the students participation in the Program involves exposure to the inherent risks of skiing and/or snowboarding that cannot be eliminated. I also understand that the students participation in the Program may require the use of ski lifts and that the student may ride lifts alone, with other guests or with other students and that the use of lifts by the student involves a potential risk of injury.

In consideration of the students participation, individually and as the parent or guardian of the student, I HEREBY EXPRESSLY ASSUME ALL RISKS associated with the students participation in the Program including all risks associated with skiing and/or snowboarding, riding lifts, renting equipment and skiing on terrain or using equipment intended to improve or enhance the students skiing skills.

Despite my understanding the foregoing risks, I AGREE NOT TO SUE AND TO RELEASE FROM LIABILITY AND TO DEFEND, INDEMNIFY AND HOLD HARMLESS PATS PEAK, and their representatives, owners, employees and agents for any damages or injury arising out of the students participation in the Program regardless of the cause, including ORDINARY NEGLIGENCE.

This agreement is governed by the applicable law of this state or province. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

RACER'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

Please make checks payable to Pats Peak, PO Box 2448, Henniker, NH 03242

Cash

Check # _____

Credit Card



Total Amount Due: \$ _____

C Card # _____ - _____ - _____ - _____ Expires _____

Signature _____

