

Woods Valley Wolf Pack Kids Ski and Snowboard Program

Woods Valley Ski Area
9100 Route 46
Westernville, NY 13486

Completed forms should be mailed to the above address. You will be asked to fill out a liability release prior to the start of the program.

Child's Name: _____

Age: _____ DOB: _____

4-year-olds must be 4 on or before December 1, 2021 *Proof of Age Required*

Address: _____

City: _____

State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Allergies or Medical Conditions: _____

Is there anything medically we should know about? Please be specific.

Mother's Name: _____ Cell Phone: _____

Address: _____

City: _____ State _____ Zip _____

Father's Name: _____ Cell Phone: _____

Address: _____

City: _____ State _____ Zip _____

Emergency Contact (other than parents):

Name: _____ Cell Phone: _____

Lesson Dates:

We meet on 6 Saturdays and Sundays from January 8th through March 6th.

Program includes: Lessons, games on snow and a fun race.

Program Dates are as Follows:

Saturday:

January: 8th, 22nd, 29th February: 5th, 12th March 5th

Sunday:

January: 9th, 23rd, 30th February: 6th, 13th March 6th

Circle Ski or Snowboard and check the session you are interested in:

Ski Lessons

Snowboard Lessons

Saturday _____

10am-12pm _____ **12:30-2:30** _____

Sunday _____

10am-12pm _____ **12:30-2:30** _____

Space is limited for each time slot

On January 8th and 9th we will assess skiing and boarding ability to determine group placement.

Groups are split by age, ability, and independence on the mountain. We reserve the right to combine groups and ages when needed. Regular attendance is recommended for the best results.

Skier or Snowboard Ability

- A. _____ Beginner (never skied or snowboarded before)
- B. _____ Has skied or snowboarded a few times but has not mastered stopping. (can almost stop)
- C. _____ Snowplow or snow slide stops and turn, rides a chairlift on beginner terrain.
- D. _____ Snowplow or stops and turns on intermediate terrain.
- E. _____ Is starting to match skis on intermediate terrain

Costs:

- 6 2hour Lessons \$310
- Ski Equipment including helmet- \$120 Snowboard and helmet- \$160

Amount Charged: _____ \$

Card #: _____

Expire: _____ CVV#: _____

Cardholder Name: _____

Cardholder Signature: _____

FOR Woods Valley Snowsports USE ONLY

Amount Paid: _____ \$ Method: _____ Date Paid: _____

Accepted By: _____

AUTHORIZATION FOR THIRD PARTY (To consent to treatment of minor lacking capacity to consent)

I/we, the undersigned, parent(s)/person having legal custody of/legal guardian of _____ a minor, do hereby authorize Woods Valley Ski Area, as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by is given to provide authority to power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment deem advisable.

I/we hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to my/our above-named agent(s) upon completion of treatment.

These authorizations shall remain effective until April 30, 2022 unless sooner revoked in writing and delivered to said agent(s).

Signature of parent(s)/legal guardian(s)/person(s) having legal custody

_____ Date

_____ Date

If signed by other than parent, please indicate relationship. _____

Woods Valley Ski Area Kids Program

WINTER SPORTS ACTIVITIES RELEASE OF LIABILITY AND INDEMNITY AGREEMENT I, _____, or my child (collectively referred to as “I” or “my”) have voluntarily applied to participate in winter sports activities and/or other recreational activities, including skiing, snowboarding, all other snow sports, racing, special events, instruction, and all activities. I understand that my participation in the activities poses risks of INJURY and DEATH to me and/or my property. These risks include, but are not limited to, variations in terrain and variable snow conditions, use of ski runs, use of rental equipment, loss of control, encounters or collisions with trees, rocks, fences, racing gates, finish posts, timing equipment, terrain features (natural or man-made), other participants in the activities and/or spectators, snowmaking or snow grooming equipment and their components, snowmobiles and other vehicles, all manmade or natural obstacles (padded or not) whether they are obvious or not, as well as use of terrain parks, halfpipes, rails, and their features. These obstacles and other risks also include, but are not limited to, bare spots, bumps, moguls, ice, terrain park features, stumps, forest growth and debris, rocks, subsurface conditions, erosion control devices, and other slope hazards and obstacles. Despite the risks involved, and in consideration of the right to participate in the activities, I VOLUNTARILY AGREE TO EXPRESSLY ASSUME ALL RISKS OF INJURY OR DEATH that might be associated with participation in the activities or any use of the facilities at WOODS VALLEY SKI AREA, including, but not limited to, chairlifts, surface lifts, or other mountain transportation, and participating in the activities beyond the ski area boundary (collectively referred to as “use of the facilities”).

I further understand that I may encounter various manmade and natural terrain features during participation in the activities or use of the facilities. I further understand that using terrain features may result in my body becoming inverted (either deliberately or involuntarily) and that inverted maneuvers may result in injury or death. I understand that I must inspect the elements and terrain before I ski or ride over them to evaluate the risks and degree of difficulty before participating. I understand that throughout the day snow conditions and terrain features will change. I also agree that I will use a retention device at all times, while skiing or riding at the ski area.

Woods Valley Ski Area Kids Program

In consideration for being permitted to participate in the activities, I AGREE TO RELEASE FROM ANY LEGAL LIABILITY AND AGREE NEVER TO SUE Woods Valley Ski Area for injury or death resulting from my participation in the activities or use of the facilities, regardless of the cause, to the fullest extent allowed by law, including the alleged NEGLIGENCE of Woods Valley Ski Area. I further agree to defend, indemnify, and hold harmless Woods Valley Ski Area for any claims, lawsuits, damages, attorney fees, costs or judgments arising out of my participation in the activities or use of the facilities.

I UNDERSTAND THIS IS A RELEASE OF LIABILITY THAT IS VALID FOREVER, which includes any time I choose to participate in the activities or use the facilities at Woods Valley Ski Area. I understand that this RELEASE OF LIABILITY will prevent me, my child, or my heirs from filing suit or making any claim for damages in the event of injury or death from my participation in the activities. Additionally, in the event I file or my child or my legal representative files a claim or a lawsuit arising out of participation in the activities or the use of the facilities at Woods Valley Ski Area I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS Woods Valley Ski Area for any damages, attorney's fees or costs arising out of such a claim or a lawsuit. With a full understanding of this agreement, I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my child, my heirs, assigns and legal representatives.

I hereby authorize the use and reproduction of my image and/or likeness by Woods Valley Ski Area and its authorized representatives, without compensation or restriction, and that any images or video will remain the exclusive property of Woods Valley Ski Area. If I am a PHOTOGRAPHER, I understand that images I take at Woods Valley Ski Area may be used by Woods Valley Ski Area at any time. I understand and agree that this agreement is severable and that if any clause is found to be invalid, the balance of the contract will remain in effect and will be valid and enforceable. I agree that any action will be brought in the County of Oneida, State of New York, or alternatively, in a court of competent jurisdiction in

the State of New York. Any disputes will be subject to and determined under the laws of the State of New York.

Signature of Applicant _____ Date _____

Prospective applicants under the age of 18 years are required to have a parent or legal guardian read and also sign, verifying that both parent/guardian and applicant have read and/or understand the terms of this agreement and will be bound by its terms.

Print Name of Parent/Legal Guardian _____

Relation _____

Signature of Parent/Legal Guardian _____

Date _____

THIS IS A RELEASE OF LIABILITY DO NOT SIGN IT IF YOU DO NOT AGREE TO BE BOUND BY ITS TERMS