

Peak Performance Registration

Six Saturdays: Jan. 13, 20, 27; Feb. 3, 12, 17

For Each Participant, a form front and back

September 1 ONLY: \$110 After September 1: \$150

For Skiers and Snowboarders

Must have 8 people signed up per discipline



Participant's Name: _____ Age: _____

Mailing Address: _____
Street/PO City State Zip

Telephone: _____ Cell phone: _____

Email: _____

Please Note:

Must have 8 people signed up for each discipline.

Program fee does not include lift ticket. *Please consider a season pass for each participant.*

Program fee does not include rental. *Please consider season long rental leases from Skier's Edge.*

Time: 10:15-11:45 and 1:15 to 3:00

Office Use Only:

Total Due: _____ Date Paid: _____ Invoice #: _____

Over, Please...

IN CASE OF EMERGENCY, CONTACT:

_____ Relationship: _____

Address: _____ Phone: _____

Will a Parent/Guardian normally be at Showdown with the Child? ___ Yes ___ No

PLEASE INDICATE IF YOUR CHILD HAS ANY OF THE FOLLOWING CONDITIONS AND

EXPLAIN:

___ Allergies ___ Learning Disability ___ Hearing Impairment ___ Diabetic

___ Visual Impairment ___ Medications ___ Epileptic ___ Other (please describe)

ACKNOWLEDGEMENT OF RISK – PLEASE READ CAREFULLY

The undersigned hereby represents that he or she is the parent or guardian of _____ (hereafter referred to as the child) and desires to take part in the programs offered by SHOWDOWN MONTANA. Further, the undersigned warrants and represents that the child is in good health and that there are no special conditions associated with the care of the child that have not been listed on the registration form. I understand and accept the fact that Alpine Skiing in its various forms is a hazardous sport that has many dangers and risks. I realize that injuries are a common and ordinary occurrence of this sport. I agree, as a condition of being allowed to use the ski area facilities, premises, and to have my child take part in this program, that I freely accept and voluntarily assume all risks of personal injury or death or property damage, and release SHOWDOWN MONTANA and its agents, employees, directors, officers and shareholders from any and all liability for personal injury or property damage which results in any way from conditions on or about the premises and facilities, the operations of the ski area including, but not limited to grooming, snow making, ski lift operations, the acts or omissions of employees or agents of the area, and of other skiers and snowboarders, or my child's participation in skiing or other activities at the area, accepting myself the full responsibility for any and all such damage or injury of any kind which may result. I specifically acknowledge that the nature of activities involved in the Multi-day Youth Programs have been explained to me before I have signed this liability release, and in that regard I understand and agree to the fact that my child will be participating in a youth training program under the direction of one or more instructors, that my child will be participating in that program with other children of varying ages and abilities, that my child will be expected to ski on varied terrain of differing degrees of difficulty in varying weather conditions and that it will be impossible for SHOWDOWN MONTANA to provide my child with the same amount and degree of individual attention in this program as I, as parent, might provide to my own child. Furthermore, I understand that my child may be riding lifts independently, without individual supervision. I, the undersigned, have read and understand the terms of the above Multi-day Youth Programs and the release agreement which is an essential part of it, I am signing freely and of my own accord, realizing it is binding upon myself, my heirs and assigns, and in the event that I am signing it on behalf of any minors, that I have full authority to do so, realizing its binding effect on them as well as myself.

Parent/Guardian Signature: _____ **Date:** _____

AUTHORIZATION FOR MEDICAL TREATMENT

This is to authorize any employee of SHOWDOWN MONTANA to seek medical attention in the event of sickness or accident for the above mentioned child, I accept full responsibility in the event of such treatment. I would prefer to have my child treated by Dr. _____, but understand that if he/she cannot be reached any available physician has my permission to take necessary steps.

Insurance Plan: _____ **Policy #:** _____

Signature Parent/Guardian: _____ **Date:** _____