



2016/2017

DRYLAND TRAINING ORDER FORM

PARENT FIRST NAME: _____ PARENT LAST NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

| <u>Participant Name & DOB</u> | <u>TriState or Interclub</u> | 3 Day Session \$125.00 | Doug Lewis ELITETEAM One Day ONLY \$40.00 |
|-----------------------------------|------------------------------|---------------------------|----------------------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CREDIT CARD NUMBER _____ EXP DATE _____ V-CODE _____ BILLING ZIP CODE _____

CARDHOLDER NAME _____ CARDHOLDER SIGNATURE _____ TOTAL \$ CHARGED TO CARD _____

RELEASE FROM LIABILITY

I understand and accept the fact that alpine skiing and snowboarding in their various forms are a hazardous sport that have many dangers and risks. I realize that injuries are a common and ordinary occurrence of this sport. I agree for myself and the others named on my application as a condition of being allowed to use the ski area facility and premises, that I freely accept and voluntarily assume all risk of personal injury or death or property damage and release Butternut Basin, Inc., 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 negligence, conditions on or about the premises and facilities, the operations of the ski area including, but not limited to grooming, snowmaking, lift operations, actions or omissions of employees or agents of the area, or my participation in skiing, snowboarding 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, the undersigned, have read, understand and accept The Terms & Conditions governing the sale of all above programs at Butternut Basin, Inc., and the Release From Liability Agreement which is an essential part thereof. 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.

Signature of Applicant (parent/legal guardian if under 18) _____ Print Parent/ Legal Guardian Name _____ Date _____

MEDICAL RELEASE

I authorize anyone working at Ski Butternut or I.E. Inc. to authorize medical care or emergency transportation for any person in need of medical attention. I agree that this consent authorizes a licensed physician or other recognized first aid staff member to carry out emergency medical care deemed necessary for the person in an emergency situation when parent or guardian permission is unavailable. I agree that when said person is loaded for transport in preparation of leaving the Ski Butternut premises, the responsibility of Ski Butternut and I.E. Inc. shall be totally fulfilled; and Ski Butternut and I.E. Inc. shall have no further responsibility for the person. I agree to pay any and all related transportation costs and medical care expenses for the person. I agree to hold harmless Ski Butternut, I.E. Inc., their representatives, agents, affiliates, directors, servants, and employees from any and all liability, arising from negligence or otherwise.

MINIMUM SKIING OR SNOWBOARDING ABILITY REQUIREMENT

I acknowledge that these programs require the person to be able to ride all lifts safely; ski or ride all Ski Butternut terrain; and the person may be at times required to ride the lift alone or with the general public.

Signature of Applicant (parent/legal guardian if under 18) _____ Print Parent/ Legal Guardian Name _____ Date _____