

Snow Blitz Registration 2017

Please check all that apply

Session 1 Session 2
 Snowboarding Skiing
 Need Rentals - fill out below
 Weight _____ Height _____
 Shoe Size _____
 Goofy (right) Regular (left)
(If you were to slide across the kitchen floor in your socks, which foot would be forward)

Registration Fees:

Package Deal with Rentals \$202
 Transportation/Lessons/Lift Ticket/Rentals
 Package Deal w/out Rentals ... \$145
 Transportation/Lessons/Lift Ticket
 *Payment Plan
 w/rentals: \$218 w/out rentals: \$160
Payment Plan Deadline
 Session 1: December 15 Session 2: January 15

*Payment Plan is an automatic withdrawal on the 15th of the month from a checking account or credit card. Payment plans are only available with in-person registration and the first payment is due upon registration. The final payment will be withdrawn the following month, regardless of when the first payment was made. **All payment plans must be paid in full by the end of the program.** After registration deadline, a late fee of \$25 will be assessed. Please come prepared with a voided check or deposit slip with proof of the routing and account number from your bank or credit card information with a photo ID. An additional fee will be assessed for all payment plans.

Current Experience Level:

How many times has the participant been skiing or snowboarding _____

0 - Never skied/snowboarded
 1 - Green (Beginner)
 2 - Green/Blue (Beginner to Intermediate)
 3 - Blue (Intermediate)
 4 - Blue/Black (Intermediate to Advanced)
 5 - Black (Advanced)
 Free Style Clinic (Must be an advanced rider - black diamonds). Helmets required. Learn the safety, etiquette and skills of the terrain park and half pipe.

SNOWBOARDERS ONLY: **please circle**

Can you do an "S" turn? YES NO

Can you stop on your toe edge? YES NO

Name of Participant _____ Date of Birth ____/____/____ Female Male

Name of School _____ Pick Up Location _____ Grade _____

Home Address _____ City _____ Zip _____

Name of Parent/Guardian _____ Day Phone _____

Evening Phone _____ Cell Phone _____

Email to receive program updates/reminders/notifications: _____

In the event we need to contact you and you are not available, please list an emergency contact below. In case of emergency, please notify:

Name: _____ Relation _____

Day Phone # _____ Night Phone # _____

Parental Statement of Agreement – Assumption of Risk, Liability Release and Refund Policy

Release: I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In consideration of my child being permitted to participate in such events, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly release, waive, and discharge Salt Lake County, its officers and employees from any and all liability except that caused solely by the negligence of Salt Lake County, that may result from my child's participation in Parks & Recreation activities.

Refund: As per Salt Lake County policy and procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person, accompanied with a written refund request. No refunds shall be given after the first day of the program.

Collections: I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred to the District Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the District Attorney for collection.

Emergency Treatment: I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment.

Equal Opportunity: Salt Lake County Parks and Recreation provides equal opportunity to participate regardless of race, creed, gender, or ability to pay, and will upon request, provide reasonable accommodations to individuals with disabilities.

By signing this assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms.

I hereby accept responsibility for payment of the registration fees for the above listed program and agree to pay Salt Lake County a reasonable attorney fee in the event that my account is referred to the District Attorney for Collections. Accounts 30 days past due will be turned over to the District Attorney for collection.

Signature below pertains to all forms in the registration process including the Snow Blitz Registration Form, Assumption of Risk, Liability Release and Refund Policy, Brighton Resorts Rental Agreement and Agreement to use facilities at Brighton Resort, and Salt Lake County Parks & Recreation Concussion and Head Injury Release. (RELEASES ON REVERSE)

PLEASE INITIAL BACK

Parent/ Legal Guardian signature: _____ DATE: _____

RENTAL FORM—Brighton Mountain Sports Ski & Snowboard Equipment Rental

EQUIPMENT RENTAL & LIABILITY RELEASE AGREEMENT

In consideration of the rental to me of the listed equipment, I hereby agree as follows: I accept for use AS IS the equipment listed on this form, and accept full financial responsibility for the care of the equipment while it is in my possession. I will be responsible for the replacement at full value of any equipment rented under this form, but not returned to the shop. I agree to return all rented equipment by the agreed date. If at any time this equipment does not seem to be working properly, I will stop using it immediately and return it for inspection and possible replacement, repair or adjustment. I understand that the binding system cannot guarantee the user's safety. In downhill skiing, the binding system will not release or retain at all times or under all circumstances where release or retention may prevent injury or death, nor is it possible to predict every situation in which it will release or retain. In snowboarding, cross-country skiing and SnowBlade use, the binding system will not ordinarily release during use; these bindings are not designed to release as a result of forces generated during ordinary operation.

I understand that the sports of skiing, snowboarding, SnowBlade and other recreational activities involve inherent and other risks, dangers and hazards which can result in serious PERSONAL INJURY OR DEATH. While I acknowledge and agree that no helmet can eliminate or prevent this risk nor can a helmet eliminate or prevent injury to the neck or spinal cord. I voluntarily agree to expressly assume and accept any and all known and unknown risks of injury or death that may result from skiing / snowboarding / SnowBlade use, or which relate in any way to the use of this equipment. I further recognize and acknowledge that the risks inherent in the sport of skiing and snowboarding can be greatly reduced by taking lessons for skiing and riding, skiing and riding within my abilities, abiding by "Your Responsibility Code" and using common sense at all times. I AGREE TO RELEASE, whether in the present or in the future, to the fullest extent allowed by law, the ski/snowboard shop, its employees, owners, affiliates, agents, officers, directors, and the manufacturers and distributors of this equipment (collectively "PROVIDERS"), from all liability for injury, death, property loss and damage which results from the equipment user's participation in the sport of skiing/snowboarding/SnowBlade use, or is in any way related to use of this equipment, including all liability which results from the NEGLIGENCE or BREACH OF CONTRACT of PROVIDERS or any other person or cause. I further agree to defend and indemnify PROVIDERS for any loss or damage, including any that results from claims or lawsuits for personal injury, death, and property loss and damage related in any way to the use of this equipment. This agreement is governed by the applicable law of this state or province. This document is a LEGALLY BINDING CONTRACT which supersedes any other agreements or representations by or between the parties and which is intended to provide a comprehensive release of liability, but is not intended to assert any claims or defenses which are prohibited by law. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect. BINDING EFFECT OF AGREEMENT: In the event of my death or incapacity, this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives. ENTIRE AGREEMENT: In entering into this Agreement, I am not relying upon any oral or written representation other than what is set forth in this Agreement and the Instruction Manual provided to me with the equipment, if any.

ACKNOWLEDGMENT OF PERSONAL INFORMATION & EQUIPMENT INSTRUCTIONS

I have accurately represented the above listed information and. It is true and correct. I will not use any of the equipment to be provided to me during this transaction until I have received instruction on its use and function. I agree to verify that the visual indicator settings to be recorded on this form for downhill ski equipment agree with the number appearing in the visual indicator windows of the equipment to be listed on this form. I agree to read and execute the EQUIPMENT RENTAL & LIABILITY RELEASE AGREEMENT above. I THE UNDERSIGNED, HAVE READ AND UNDERSTOOD AND AGREED TO THIS EQUIPMENT RENTAL & LIABILITY RELEASE AGREEMENT. Parent/Guardian: If equipment user is a minor, I verify that I am the parent or guardian of the equipment user and I have the authority to enter into this agreement on behalf of the equipment user and I agree to be bound by the terms and conditions of this agreement.

Parent/Guardian Initial: _____

Brighton Resort Multi-Week Lessons Terms of Agreement and Liability Release

- I am aware that skiing and snowboarding are a hazardous sport that includes certain risks and dangers, including the risk of serious injury or death. I voluntarily accept full responsibility for all the risks involved, including risk inherent in skiing, snowboarding and the ski/mountain environment.
- I accept responsibility to ski safely at all times, to abide by the Skier Responsibility Code, and to obey all posted behavior notices and any other ski area rules and policies. Any equipment I use while skiing or snowboarding, I use at my own risk.
- In consideration of acceptance of my enrollment in Brighton Resort LLC Snowsports School, I agree that I will not sue or make claim against Brighton Resort LLC, Boyne USA Inc, the U.S. Government or any of (their/its) employees, agents, contractors, subsidiaries, officers for any loss, injury or damage resulting from any cause including negligence, which arises out of my participation in or travel to and from the Brighton Resort LLC Snowsports School.
- I agree to RELEASE, HOLD HARMLESS and INDEMNIFY Brighton Resort LLC Snowsport School and Brighton Resort LLC, Boyne USA Inc, the U.S. Government and any of (their/its) employees, agents, contractors, subsidiaries, officers or owners for any loss, injury or damage which arises out of my participation. This release is also binding as to any other person, including all family members, heirs, executors and any minor who accompany me.
- I am over 18 years of age/or my legal guardian has also read and signed this release below my signature.
- If I am signing on behalf of a minor(s), I accept full responsibility for all medical expenses incurred as a result of the minor's participation in or travel to and from Brighton Resort LLC Snowsports School. I agree to HOLD HARMLESS and INDEMNIFY Brighton Resort LLC for any claims brought to me by the minor.
- The Brighton Resort LLC Snowsports School reserves the right to reduce the length of time or cancel a class if minimum sign-up requirements are not met. If a class is canceled by the Brighton Resort LLC Snowsports School the series will be extended until all classes have been complete. No refunds or make-ups are available for missed classes. For more information, please contact our school at (801) 532-4731 x209.
- 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 use of the ski area facilities/services. I agree to HOLD HARMLESS AND INDEMNIFY Brighton Resort LLC for any claims brought by the minor.

Parent/Guardian Initial: _____

Salt Lake County Parks & Recreation Concussion and Head Injury Release

Pursuant to the passage of House Bill 204, Protection of Athletes with Head Injuries and in order to help protect participants in Salt Lake County sporting events, effective July 1st 2011, Salt Lake County Parks and Recreation requires that athletes, parents/guardians and coaches follow Salt Lake County Head Injury Policy and Procedures.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following: Headaches, Amnesia, "Pressure in head", "Don't feel right", Nausea or vomiting, Fatigue or low energy, Neck pain, Sadness, Balance problems or dizziness, Nervousness or anxiety, Blurred, double, or fuzzy vision, Irritability, Sensitivity to light or noise, More emotional, Feeling sluggish or slowed down, Confusion, Feeling foggy or groggy, Concentration or memory problems, Drowsiness (forgetting game plays), Change in sleep patterns, Repeating the same question/comment.

Signs observed by teammates, parents and coaches may include: Appears dazed, Any Change in typical behavior or personality, Vacant facial expression, Confused about assignment, Loses Consciousness, Forgets plays, Shows behavior or personality changes, Is unsure of game, score, or opponent, Slurred speech, Moves clumsily or displays lack of coordination, Seizures or convulsions, Answers questions slowly, Can't recall events after hit, Can't recall events prior to hit.

What can happen if my athlete keeps on playing with a concussion or returns too soon? Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for a young athlete's safety.

If you think your child/player has suffered a concussion Any athlete, under the age of 18, suspected of suffering a head injury or concussion must be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance. Written medical clearance must state that the athlete has been evaluated by a qualified health care provider, licensed under Utah Code Ann, Title 58, who is trained in the evaluation and management of concussions; and that the qualified health care provider has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion; and the athlete is cleared to resume participation in the County sporting program or event. Licensed Health Care Providers acceptable to make the determination:

Medical Doctors (MD)

Advanced Registered Nurse Practitioner (ARNP)

Licensed Certified Athletic Trainers (ATC)

Doctor of Osteopathy (DO)

Physician's Assistant (PA)

You should also inform your child's coach if you think that your child/player may have a concussion. Remember, it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

Parent/Guardian Initial: _____