

# SNOWSPORTS PROGRAMS REGISTRATION FORM 2008-2009



# WHITEFISH

MOUNTAIN RESORT

Whitefish Mountain Resort  
PO Box 1400 • Whitefish, Montana 59937  
406-862-2909 • skiboard@skiwhitefish.com

**skiwhitefish.com**

PARTICIPANT NAME	DATE OF BIRTH	PROGRAM / WORKSHOP	LEVEL	DISC.	PRICE
	___/___/___		BEG / INT / ADV	SKI / SB	
	___/___/___		BEG / INT / ADV	SKI / SB	
	___/___/___		BEG / INT / ADV	SKI / SB	
	___/___/___		BEG / INT / ADV	SKI / SB	

## BILLING INFORMATION

**TOTAL** \_\_\_\_\_

PAYMENT VISA MASTERCARD AMEX DISCOVER CASH (Do not mail cash) CHECK# \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_ / \_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_

CARD HOLDER SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

*Please make checks payable to **Winter Sports Inc. (WSI)**. You must pay for programs in full at time of purchase. **Cancellation Policy:** The fee for a program may be refunded up until the first day of the program less a \$25 administrative fee (\$50 for custom groups). Refunds must be applied for in writing. With the exception of injury, no programs may be refunded after the first day of class. Programs with less than 6 participants at similar levels may be canceled.*

## ACKNOWLEDGEMENT OF RISK AND DUTY OF CARE

I am signing this document as a condition to participation in one or more of the recreational activities made available at Big Mountain Resort (Big Mountain). This represents my express acknowledgement that the activities in which I may choose to participate at Big Mountain involve the inherent and other risks and that I could suffer injury or death while participating. I am voluntarily participating in the activity or activities, with an understanding of and notwithstanding the risks. I also understand that I have the right and opportunity to investigate the risks associated with the activity and to inspect the facilities, location or equipment associated with the activity or activities. I acknowledge my personal responsibility to advise myself of the risks of the activities and to act reasonably under the particular circumstances of my participation in the activity. I agree to act responsibly and reasonably.

Also, I hereby irrevocably consent to the use, by Winter Sports Inc – DBA Big Mountain – advertisers, customers, successors and assigns, of my name, portrait, or picture for advertising purposes or purposes of trade, and I waive the right to inspect or approve such completed portraits, pictures, or advertising matter used in connection therewith. No additional remuneration, financial or otherwise will be transacted.

I am over the age of 18 years.

I am under the age of 18 years. If I am under 18 years of age, my parents or legal guardian has read and agreed to this Release as indicated by their signature below. The parent or guardian signing below also agrees that (1) Big Mountain, WSI or its representatives has permission and authority to treat and address medical conditions and emergencies as they deem appropriate; (2) the signing parent or legal guardian also agrees to pay any charges for such medical treatment and will indemnify Big Mountain, WSI or its representatives for the same.

I have made no misrepresentation regarding my name or age.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Print Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Print Name \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_