



DATE:	TIME:
NAME:	AGE:
SKI SB	WAIVER: YES NO

HILLBERG LESSON CENTER CHILD Registration Form

PARENT/GUARDIAN INFORMATION

Name: _____ Phone (home): _____

Street Address: _____ Phone (cell/work): _____

City, State, Zip: _____ Email: _____

Total Amount Paid \$ _____ Date: _____

LESSON DETAILS

- * *Payment is necessary to guarantee reservation.*
- * *Cancellations up to 24 hrs. before the lesson will be refunded; less than 24 hours - NO refund.*
- * *Rescheduling lessons in less than 24 hrs. before original lesson time will result in NO refund.*

STUDENT NAME	AGE	PACKAGE PURCHASED	DATE	TIME	NEEDS/NOTES

*** IF SOMEONE OTHER THAN PARENT/GUARDIAN IS PICKING UP CHILD/CHILDREN AFTER LESSON:**

_____ Name (18 or older)

_____ Contact Phone

_____ Parent/Guardian Signature

_____ Date



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ALTERNATE EMERGENCY CONTACT INFORMATION

Name: _____

Phone (home): _____ Phone (cell/work): _____

Relation: _____

MEDICAL INFORMATION

Please circle appropriate response:

Food/Drink Restrictions	Y	N	Chronic Medical Problems	Y	N
Allergies	Y	N	Special Considerations	Y	N
Heart Problems	Y	N	Knee/Ankle/Back Injuries	Y	N

If you, your child, or others associated with this registration answered yes to any of the above please explain:

Current Medications:



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NAME:		AGE:
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ACKNOWLEDGMENT of RISK RELEASE & TREATMENT CONSENT

In consideration of permission to participate in Hillberg Learning Center at Hillberg Ski Area, every parent or guardian of a minor must read this entire Agreement and sign at the end indicating that the parent or guardian acknowledges that they have discussed the risks associated with Winter Sports Activities with the participant, and request that the minor be allowed to participate in Winter Sports Activities at Hillberg Ski Area acknowledging that all parties understand and assume these risks.

I understand and acknowledge that skiing, snowboarding, and other alpine activities, including the use of lifts, involve many **risks, dangers, and hazards**, including, but not limited to changing weather and snow conditions, collisions with natural or man-made objects, collisions with other skiers and exceeding ones skiing/riding ability. I recognize that **injuries are a common and ordinary occurrence**. I have made a voluntary choice to participate in these activities despite the risks, dangers, and hazards that these activities present. In consideration of my being permitted to ski, snowboard, or participate in other alpine activities at Hillberg, **I expressly and unconditionally agree to assume all risk of injury and death which might be associated with or result from my participation in these activities.**

As a student of Hillberg Learning Center, your child will be participating in a variety of activities, including but not limited to on or off-hill instruction, **riding chair-lifts without the instructor and with other adults or youths, possible transportation by use of a snowmobile, and use of terrain features.**

The philosophy of The Hillberg Learning Center is to increase your child's enjoyment by increasing his/her skill level. This may be accomplished by increasing the difficulty of terrain skied and instruction offered.

In consideration of the acceptance of my child/children in The Hillberg Learning Center, I also agree to release, indemnify and hold Hillberg Ski Area and JBER Outdoor Recreation harmless from any and all loss including injury, damages, or death and expense including attorney fees and other legal expense incurred by reason of claims or liability for claims relating to my child's participation in Hillberg's programs, regardless of whether such claims are alleged to have arisen in whole or in part due to NEGLIGENCE, or any the grounds of legal liability, including violation of any duty imposed by a statute, ordinance or regulation, on the part of Hillberg Ski Area, it's representatives, agents, affiliates, officers, directors, and employees.

In the event that I cannot be readily contacted, **I give my permission for my child to receive immediate medical attention if needed during participation in Hillberg's programs.** I agree to pay all costs associated with such medical care and related transportation for the child and to indemnify and hold Hillberg Ski Area, it's representatives, agents, affiliates, officers, directors, and employees harmless for any costs incurred therein.

I agree to comply with and accept the rules and conditions outlined on this document. I execute the consent on my own behalf as the parent or guardian of the child/children listed above. I understand this form will apply for each and every day that the child participates in Hillberg's programs during the current season.

Parent/Guardian Signature

Minor Signature (if able)

Date