



Madison Beach and Recreation Ski Bus Registration 2017



Participants Name _____

Date of Birth _____ Grade _____ Home Phone _____ School _____

Street Address _____

****Email Address:** _____

****Please make sure this is a valid email address as this is how you will receive all communications regarding cancellations or last minute changes/updates. Please print clearly so we can read it!**

Parent/Guardian Name(s): _____

Does your child wish to sit on the same bus as a friend who is in a different school? Who? _____

***Generally, Polson and DHHS students are on their own bus, unless I have to share based on numbers.**

Ski Bus Options – Please Circle your choice:

Ski Lift Only	Program #331705A	\$235
Snowboard Lift Only	Program #331705B	\$235
Ski Lift and Lesson	Program #331706A	\$275
Snowboard Lift and Lesson	Program #331706B	\$275
Ski Lift and Rental	Program #331707A	\$305
Snowboard Lift and Rental	Program #331707B	\$305
Ski Package (Lift/Lesson and Rental)	Program #331708A	\$335
Snowboard Package (Lift, Lesson & Rental)	Program #331708B	\$335
Bus Only Option (for those with season passes)	Program #331709A	\$100

*If you are bringing your own equipment, it must be dropped off at your school before dismissal time. If you are uncomfortable leaving your gear outside the school, then the rental option is suggested. Label ALL gear.

Payment Information

Total Enclosed _____ Check__ Credit Card ___(MC, Visa, Discover Accepted)

Please Read Carefully:

Release – I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the Town of Madison, it’s employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by Madison Beach and Recreation.

I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The department does not provide accident or hospital coverage. Please consider participant’s own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child’s photo, video, artwork, etc., by the department for flyers, presentations, etc. I have read and agree to the disclaimer.

Parent/Guardian Signature

Date

**TOWN OF MADISON WAIVER, HOLD HARMLESS AGREEMENT,
RELEASE OF LIABILITY AND COVENANT NOT TO SUE**

In consideration for the privilege of participating in [Ski Bus Program], the undersigned hereby agrees that: Program/Activity Name

1. I understand that there are inherent risks involved, including the risk of serious physical injury or death and **I FULLY ASSUME ALL RISKS ASSOCIATED WITH THIS PROGRAM, TOWN CAMPUS GYM, OR BEFORE AND AFTER SCHOOL PROGRAM EXCEPT IF DUE TO THE NEGLIGENCE OF THE TOWN OF MADISON AND THEIR AGENTS, SERVANTS OR EMPLOYEES**, including but not limited to equipment failure; lack of safety devices; lack of warnings or inadequate warnings; lack of instructions or inadequate instructions; slippery floor surfaces, contact or collision with any object while on the premises of Town of Madison facilities or Madison Board of Education Facilities; contact or collision with other participants and or persons at said program, whether caused by negligence or intentional conduct by such other participant or person.

2. I, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, **AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWN OF MADISON AND THEIR AGENTS, SERVANTS OR EMPLOYEES** from any and all claims, suits or demands by anyone arising from my use of the Town of Madison or Board of Education facilities and equipment **EXCLUDING CLAIMS OF NEGLIGENCE ON THE PART OF THE TOWN OF MADISON AND/OR THEIR AGENTS, SERVANTS OR EMPLOYEES**.

3. I, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, **HEREBY RELEASE, AND AGREE THAT I WILL NOT SUE THE TOWN OF MADISON OR ITS AGENTS, SERVANTS OR EMPLOYEES** for money damages for personal injury sustained by me while using the Town of Madison or Board of Education facilities and equipment **EXCEPT IF DUE TO THE NEGLIGENCE OF THE TOWN OF MADISON AND/OR ITS, AGENTS, SERVANTS OR EMPLOYEES**.

I HAVE READ THIS WAIVER, HOLD HARMLESS AGREEMENT, RELEASE OF LIABILITY AND COVENANT NOT TO SUE AND FULLY UNDERSTAND ITS TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. I HAVE NOT BEEN INDUCED TO SIGN THIS AGREEMENT BY ANY PROMISE OR REPRESENTATION, AND I SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.

PARTICIPANT'S SIGNATURE

PARTICIPANT'S PRINTED NAME

DATE

CONSENT OF PARENT OR GUARDIAN

This is to certify that I, as parent or guardian with legal responsibility for this participant, do hereby consent and agree to his or her release as set forth above, and for myself, my heirs, assigns, successors, executors, administrators, and legal representatives, **AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWN OF MADISON AND THEIR AGENTS, SERVANTS OR EMPLOYEES** from any and all claims, suits or demands by anyone arising from said participant's use of the Town of Madison or Board of Education facilities and equipment **EXCLUDING CLAIMS OF NEGLIGENCE ON THE PART OF THE TOWN OF MADISON AND THEIR AGENTS, SERVANTS OR EMPLOYEES**. I further agree, as parent or guardian with legal responsibility for this participant, **THAT I WILL NOT SUE THE TOWN OF MADISON OR ITS AGENTS, SERVANTS OR EMPLOYEES** for money damages for personal injury sustained by said participant while using the Town of Madison or Board of Education facilities and equipment **EXCEPT IF DUE TO THE NEGLIGENCE OF THE TOWN OF MADISON AND/OR ITS, AGENTS, SERVANTS OR EMPLOYEES**.

PARENT'S/GUARDIAN'S SIGNATURE

PARENT'S/GUARDIAN'S PRINTED NAME

DATE

Town of Madison
MEDICAL ALERT INFORMATION
(One person per form)

Please complete all applicable items. No student will be allowed to participate in a Madison Beach & Recreation Department Program that runs longer than 1 hour without this information being completed and on file.

Name _____ Date of Birth _____ Grade _____

Home Address _____ Phone Number () _____

Mother's Name _____ Phone Number () _____

Father's Name _____ Phone Number () _____

Medical Emergency and Insurance Information

Name of Physician _____ Physician Phone Number _____

Name of Dentist _____ Dentist Phone Number _____

Name/Relation Emergency Contact _____ Contact Number _____

Insurance Provider: _____ Group Number _____

Policy Number _____

Additional Emergency Contact Numbers. Please list in order you wish us to us to call. We will try to contact you first.

Name/Relation _____ Phone _____

Name/Relation _____ Phone _____

Medical Information

Please list all known medical problems. All information is confidential.

___ Allergy to food or insect or medication (specify) _____

___ Asthma ___ Bleeding disorder ___ Frequent nosebleeds

___ Diabetes ___ Seizures ___ Other _____

List medications your child is receiving at this time _____

In the event of a serious medical emergency or accident, I authorize Recreation Department personnel to have my child treated by a readily available certified staff member, physician and/or hospital. Appropriate personnel will be informed of serious health conditions. Parents will notify the Department of any changes in medical information.

Signature of Parent / Guardian _____ Date _____

**Madison Beach & Recreation Department
Code of Conduct**

The Madison Recreation Department expects reasonable and appropriate behavior from those who visit and use facilities. The Department has established a Code of Conduct to ensure participant safety and enjoyment. Department management will take a zero tolerance stance with violators and those exhibiting criminal type behaviors. Department management reserves the right to deny admission and/or take disciplinary action against any person(s) violating our Code of Conduct or exhibiting actions deemed inappropriate.

Each participant is expected to do the following:

- Demonstrate courtesy even when others do not.
- Behave in a responsible manner, always exercising self-discipline.
- Respect the rights and privileges of other participants and Town staff.
- Respect the property of others, including Town property and facilities.
- Cooperate with or assist the Town staff in maintaining safety, order and discipline.

The violation of the Code of Conduct includes:

- Being involved in an instance of any form of insubordination.
- Failure to conform to Town rules.
- Use of profanity, vulgar language or obscene gestures.
- Defacing/damaging Town property or the property of others.
- Engaging in inappropriate physical or verbal contact and/or gang activity.
- Running, pushing, shoving, littering or throwing objects (which are not part of a supervised activity).
- Producing loud, rude or unnecessary noises.
- Involvement with drugs, alcohol or weapons.

Persons behaving in unacceptable manners as listed above may face the following discipline options:

Conference with staff and person involved in misbehavior.

- Conference with staff and parent/legal guardian, when appropriate.
- If the parent/legal guardian refuses to attend the conference or the person remains disruptive, the person may be restricted from the program.
- Restitution, when appropriate.
- Notification of outside agency, and/or police when appropriate.
- Acts of misbehavior of a violent nature will result in an automatic one (1) year suspension from all Beach & Recreation activities or facilities.

This Code of Conduct applies to all persons participating in any way in any Beach and Recreation programs. Repeated refusals to obey these codes will result in the notification of law enforcement.

Any person in disagreement with the disciplinary action may appeal the decision by filing a written notice to the Recreation Director within twenty-one (21) days. The Recreation Commission shall hear an appeal within forty-five (45) days of receipt of a notice of intent to appeal. The Recreation Commission decision is final.

I hereby understand and agree to the above written "Code of Conduct". Furthermore, I understand that by failing to abide by the above "Code of Conduct", my participation and pass privileges may be suspended or revoked on a permanent basis.

Name _____ Signature: _____

Name of Parent or Guardian (if under 18 years of age) _____

Signature of Parent or Guardian _____ Date _____

Emergency Contact Information

Name: _____	Phone: _____	Cell _____
Name: _____	Phone: _____	Cell _____

MOUNT SOUTHLINGTON SKI AREA

GROUP PROGRAMS WAIVER, ASSUMPTION OF RISK, RELEASE & ARBITRATION AGREEMENT

In consideration of being allowed to participate in a group program (the "Program") at Mount Southington Ski Area (the "Facility"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Facility, Mount Southington Limited Partnership (the "Partnership"), and/or Mount Southington Restaurant and Lounge, Inc. (the "Lounge") arising out of the inherent risks of participating in the Program;
- 2) **TO ASSUME ALL RISKS INHERENT IN PARTICIPATING IN THE PROGRAM;** and
- 3) **TO RELEASE** the Facility, the Partnership, the Lounge, their owners, affiliates, officers, directors, employees, agents, and shareholders, from all liability for any loss, damage, injury, or expense that the Participant (or his/her next of kin) may suffer, arising out of the inherent risks of participation in the Program, which include, but are not limited to, the instruction received while participating in the Program.

The Participant acknowledges and agrees that the inherent risks of participating in the program are in addition to those referenced in *Connecticut General Statutes § 29-212*. The participant acknowledges and agrees that it is their responsibility to close the restraining device on the chair lift, as referenced in *Connecticut General Statutes § 29-213*. The Participant also acknowledges that this agreement does not, in any way, change the rights or obligations of the Facility, the Partnership, the Lounge, or the Participant, as set forth in *Connecticut General Statutes § 29-211, et. seq.*, other than as set forth in this agreement.

Arbitration

The Participant hereby agrees to submit any dispute arising from participation in the Program to arbitration, for the sole purpose of determining whether the alleged injury arises from a risk inherent in the activities engaged in by the Participant while participating in the Program. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the "Panel"), to be chosen by the party-appointed arbitrators. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the District of Connecticut. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in Hartford, Connecticut and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. **In the event that the Panel determines the alleged injury arises from a risk inherent in the Participant's participation in the Program, the claim shall be deemed barred, as a matter of law, and the Participant shall be barred from recovering any compensation from the Facility, the Partnership, and/or the Lounge.** In the event that the Panel determines the alleged injury did not arise from a risk inherent in the activities engaged in during the Program, the Participant shall proceed to the Superior Court of Connecticut, or if appropriate, the United States District Court, for the District of Connecticut, for a trial *de novo*.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PARENT/GUARDIAN SIGNATURE REQUIRED IF PARTICIPANT IS UNDER 18.

Participant's Signature _____ Grade _____ Date _____

Participant's Signature _____ Grade _____ Date _____

Participant's Signature _____ Grade _____ Date _____

**PARENT/GUARDIAN SIGNATURE ** _____ DATE _____

Group Name Madison Beach + Recreation Family Name _____

Group Make-Up Procedure:

1. In the event your Group misses a trip, a Group make-up day will be assigned by Mount Southington & the group coordinator.
2. **Members should not put their lift tickets on until the day of the trip. If a day is cancelled, that lift ticket will be used for the make-up day.** Ex, if your group misses 1/9 & the make-up day is scheduled for 2/6, members will wear the 1/9 ticket on 2/6.
3. In the event Mt. Southington closes for the season before your Group completes its visits, remaining unused tickets are valid for their face value the following season towards the purchase of a ticket at the ticket window. See ticket redemption information below in the individual make-up procedure.

Individual Make-Up Procedure:

1. If an individual misses a scheduled ski day, any remaining unused lift tickets and rentals may be evenly exchanged at the ticket window during the Ski Club time slot (Excluding Martin Luther King Day 1/16/2017 and February Break 2/20 – 2/21/2017). The Ski Club time slot is Monday thru Friday 3pm–8pm (non-holiday periods).
2. **NOTE: Lesson make-ups will not be available on an individual basis; they must be made up with your group, otherwise the lesson is forfeited.**
3. All unused tickets may be redeemed for their face value (see ticket front) towards the purchase of any ticket type at the ticket window anytime during the current season. **They cannot be used towards future Ski Club purchases.**

Refunds ~ NOTE: Lost Tickets will not be replaced.

1. A refund is issued only in the event a student is out for the remainder of the season due to illness or injury. This request needs to be in writing and accompanied by a doctor's note and the remaining unused lift tickets.
2. Any ticket type changes needed after tickets have been printed are subject to a \$10 Administrative Fee

GROUP NAME:		Last Name: _____		Your Renter Identification Number Is:				
		First Name: _____						
SKI RENTAL FORM				Skier Type I II III (circle one) Beginner Intermediate Expert				
Age: _____		Height: _____		Weight: _____				
		US Shoe Size: _____		Male: _____ Female: _____				
USER OR PARENT/GUARDIAN SIGNATURE REQUIRED ON REVERSE SIDE			RENTAL STAFF USE ONLY		MONDO SHOE SIZE: _____ (Use measuring device)			
Trip Date	Ski Number	Boot Size	Boot Sole Length	Track Number	Toe R/L	Heel R/L	Binding Type	Tech. Initials

PLEASE READ BEFORE SIGNING

EQUIPMENT RENTAL AND LIABILITY RELEASE AGREEMENT

I understand that the ski binding system cannot guarantee the user's safety. In downhill skiing, the binding system will not release at times or under all circumstances where release may prevent injury, nor is it possible to predict every situation in which it will release. In snowboarding or snow blade 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 hereby accept the rental skis or snowboard noted on reverse side. I verify that the visual indicators on my bindings correspond to the setting on the rental form. I feel the binding adjustment is proper for me. No misrepresentations have been made regarding my height, weight, age or ability. I recognize that any binding may not release under certain falls and recognize the fact that there is an inherent danger in the use of any ski or snowboard equipment. I agree to hold the equipment manufacturer, Mount Southington Ski Area, Inc., and Mount Southington Limited Partnership and its owners, officers, agents and employees harmless and blameless of any accident or injury which I might receive related to the use of the equipment. I agree to reimburse the lessor for any loss or damage of equipment other than normal wear. All instruction of the use of the equipment has been made clear to me and I understand the function of the equipment.

I the undersigned, have read and understand this Equipment Rental and Liability Release Agreement.

User's Signature: _____ Date: _____
(If minor, Parent/Guardian's signature required)

Parent/Guardian: In the case of ski programs where Parent/Guardian will not be present, Parent/Guardian gives permission to have Mt. Southington's trained technicians adjust the rental equipment to the proper settings. And if the equipment user is a minor, I verify that I am the parent or guardian of the minor and have 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's Signature: _____ Date: _____

M T W Th F Sa Su

GROUP NAME:		Last Name: _____ First Name: _____		Your Renter Identification Number Is:	
SNOWBOARD RENTAL FORM		Boarder Type I II III (circle one) Beginner Intermediate Expert			
Age: _____ Height: _____ Weight: _____		US Shoe Size: _____ Male: _____ Female: _____			
USER OR PARENT/GUARDIAN SIGNATURE REQUIRED ON REVERSE SIDE			RENTAL STAFF USE ONLY		
Trip Date	Snowboard Number	Boot Size	Goofy	Reg.	Tech. Initials

PLEASE READ BEFORE SIGNING

EQUIPMENT RENTAL AND LIABILITY RELEASE AGREEMENT

I understand that the ski binding system cannot guarantee the user's safety. In downhill skiing, the binding system will not release at times or under all circumstances where release may prevent injury, nor is it possible to predict every situation in which it will release. In snowboarding or snow blade 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 hereby accept the rental skis or snowboard noted on reverse side. I verify that the visual indicators on my bindings correspond to the setting on the rental form. I feel the binding adjustment is proper for me. No misrepresentations have been made regarding my height, weight, age or ability. I recognize that any binding may not release under certain falls and recognize the fact that there is an inherent danger in the use of any ski or snowboard equipment. I agree to hold the equipment manufacturer, Mount Southington Ski Area, Inc., and Mount Southington Limited Partnership and its owners, officers, agents and employees harmless and blameless of any accident or injury which I might receive related to the use of the equipment. I agree to reimburse the lessor for any loss or damage of equipment other than normal wear. All instruction of the use of the equipment has been made clear to me and I understand the function of the equipment.

I the undersigned, have read and understand this Equipment Rental and Liability Release Agreement.

User's Signature: _____ Date: _____
(If minor, Parent/Guardian's signature required)

Parent/Guardian: In the case of ski programs where Parent/Guardian will not be present, Parent/Guardian gives permission to have Mt. Southington's trained technicians adjust the rental equipment to the proper settings. And if the equipment user is a minor, I verify that I am the parent or guardian of the minor and have 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's Signature: _____ Date: _____