



SQUAW VALLEY USA

2009-10 Snowboard Team Application

Please note any changes in your Name or Address below:

Name _____

Mailing Address _____

Consecutive Season Pass holder since _____ Year

New Passholder

Email _____
(Please provide Email address for SVST information and updates.)

Number we can most likely reach you during the SKI/RIDE day:

Mom's Cell _____

Dad's Cell _____

Pay by May 11, 2009 - Ride the Cable Car FREE all summer!

I would like to apply for the following Squaw Valley Snowboard Team Programs (age at Dec. 31, 2009 will be used if it is a factor):

Must be postmarked by: By By After

ALL PROGRAM FEES INCLUDE SEASON PASS. July 15 Oct.12 Oct. 12

DEVELOPMENT TEAM: ages 8 - 12

5128d **Full Time** - All weekends and holidays plus Wed. & Thurs. afternoons and all day Friday \$2249 \$2449 \$2699 \$_____

5130d **Weekend** - All weekends and holidays \$1949 \$2149 \$2399 \$_____

JUNIOR TEAM: ages 13 and 14

5124d **Full Time** - 6 days per week plus all holidays \$2449 \$2649 \$2899 \$_____

5126d **Weekend** - All weekends and holidays \$2129 \$2329 \$2579 \$_____

ABILITY TEAM: ages 15 and up

5120d **Full Time** - 6 days per week plus all holidays \$3349 \$3549 \$3849 \$_____

5122d **Weekend** - All weekends and holidays \$2749 \$2949 \$3199 \$_____

PAYMENT:

TOTAL ENCLOSED \$ _____

Credit Card: M/C Visa Discover Check/Money Order # _____

Number: _____ Expires: _____

Signature: _____

Team Member's Name #1 _____ **Birthdate** _____ Team Code _____

Team Member's Name #1 _____ **Birthdate** _____ Team Code _____

Team Member's Name #1 _____ **Birthdate** _____ Team Code _____

Home Phone: _____ / _____ Winter Phone: _____ / _____

Full Name of Father: _____ Full Name of Mother: _____

Business Phone: _____ Business Phone: _____

Emergency Phone: _____ Emergency Phone: _____

Email (Optional): _____ Email (Optional) _____

Snowboard Team • Snowboard Team • Snowboard Team

READ AND SIGN THE REVERSE SIDE OF THIS APPLICATION →

Mail to: SQUAW VALLEY SKI CORP, Dept. PLP, PO 2007 Olympic Valley, CA 96146 530 581-7123 • Fax 530 581-7141

Squaw Valley Snowboard Team Liability Release

I am aware and understand that skiing/snowboarding and other snow sports activities are hazardous. I fully understand the risks involved as a participant and/or spectator of skiing/snowboarding and other snow sports, as well as training activities in these sports (collectively referred to as “the activities”). I further acknowledge that my child (or I, if 18 or over) may sustain permanent or serious injuries or death, as a participant, competitor, or spectator while training in the activities due to negligence of Squaw Valley Ski Corporation, its owners, employees, agents, landowners, affiliated companies, or any person officially connected with the Squaw Valley Snowboard Team (collectively, “SVSC”), as well as other persons, including participants and competition officials. I understand and I am aware that these risks include, but are not limited to, loss of control, use of terrain parks and their features, as well as collisions with trees, rocks, lift towers, snowmaking and snowgrooming equipment and their components, snowmobiles, signs, ski area patrons, and other hazards – both man made and natural. I understand and I am aware that these obstacles and other risks are inherent in the activities and also include, but are not limited to, bare spots, avalanches, variations in snow and terrain, including bumps, moguls, ice, terrain park features, stumps, forest growth and debris, rocks and other slope hazards and obstacles. Despite the risks involved, and in consideration of the right to participate in the activities, I VOLUNTARILY AGREE TO EXPRESSLY ASSUME ALL RISKS OF INJURY OR DEATH that might be associated with participation in the activities or any use of the facilities at Squaw Valley Ski Area, including, but not limited to, terrain parks and their features, chairlifts, gondolas, Funitel, Cable Car, or other mountain transportation, as well as participation in instruction, racing, special events, and participating in the activities beyond the ski area boundary (collectively referred to as “use of the facilities”).

Furthermore, I AGREE NEVER TO SUE AND TO RELEASE FROM LIABILITY, SQUAW VALLEY SKI CORPORATION, SQUAW VALLEY DEVELOPMENT COMPANY, SQUAW VALLEY PRESERVE, and their owners, employees, agents, landowners and affiliated companies (collectively referred to as “Squaw Valley”) for any damage, injury or death to me or my property arising from participation in the activities or use of the facilities, regardless of cause, including any alleged NEGLIGENCE of Squaw Valley.

I UNDERSTAND THIS IS A RELEASE OF LIABILITY THAT IS VALID FOREVER. I understand that this Release of Liability will prevent me or my heirs from filing suit or making any claim for damages in the event of injury or death to me arising out of participation in the activities or use of facilities. Additionally, in the event I, my heirs, the user, my legal representative, or any other person acting on my behalf files a lawsuit arising out of my participation in the activities or my use of the facilities, I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS Squaw Valley for any damages, attorneys’ fees, or costs associated with or arising out of such a lawsuit. With a complete and full understanding of this RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT, I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my heirs, assigns, legal representatives, and any other person acting on my behalf. With a full understanding of the risks discussed above, I nevertheless voluntarily and knowingly AGREE TO EXPRESSLY ASSUME ALL RISKS OF INJURY OR DEATH which may result from the activities or use of the facilities. I further agree to release Squaw Valley from all liability from my participation in the activities or use of the facilities whether I am using the Pass/Ticket received in conjunction with this liability release, a day use ticket, or any other ticket/pass.

Squaw Valley Snowboard Team provides coaching and instruction for skiing and snowboarding. I understand that coaches, instructors, and or employees of Squaw Valley Ski Corp are not responsible for the supervision and or care of Squaw Valley Snowboard Team members before, during, or after activities including but not limited to coaching, races and or off hill events. Squaw Valley Ski Corp does not provide chaperone or similar services. Squaw Valley Ski Corp is not responsible for actions, ability, and or control of Squaw Valley Snowboard Team members.

The Pass/Ticket you receive in conjunction with this liability release (“Pass”) is for your convenience and enjoyment; however, you must be actively aware of and observe all safety rules, signs, and regulations as set forth by Squaw Valley, including the Placer County Skier Responsibility Ordinance and “Your Responsibility Code.” As a condition of holding this pass and in return for being permitted to use the facilities of Squaw Valley Ski Area, I understand and agree to the following:

1. The Pass being issued to me remains the property of SVSC and may be revoked, canceled, or terminated upon breach of any of the conditions below and must be returned to SVSC upon request.
2. I must carry the Pass with me at all times when I am participating in the activities or using the facilities and present it for inspection for each chairlift ride.
3. I understand that use of my Pass by anyone other than myself will result in the immediate loss of all the activities privileges without compensation. Such use will constitute fraud by both parties and will be subject to criminal prosecution.
4. I understand that my Pass and privilege to use the facilities of SVSC may be revoked at any time without compensation by Professional Ski Patrol or SVSC Management for misconduct, illegal use, or nuisance caused by me.
5. In the event the Pass is lost or stolen, I must notify the Special Tickets Office and it may be replaced for a \$100 charge. If I do not have the Pass with me for any reason, including loss, and I desire to participate in the activities, I will have to purchase a daily lift ticket at the rate being charged to the general public.
6. I understand my Pass is issued only for the 2009-10 season, which includes any time I am permitted to use SVSC’s mountain facilities for the activities. I understand that SVSC does not guarantee snow conditions or the number of usable days in the season and that refunds or credits are not available.
7. I am aware that the activities involve the risks of injury and death, and I agree to assume all such risks which may result from my participation in the activities or use of the facilities. Further, I agree to release SVSC from any legal liability for any injury or death, whether such injury or death was caused by my own or another skier/snowboarder’s negligence, SVSC or its employees’ negligence, or from any other cause.
8. I release SVSC from any claims or activities associated with the production, distribution, publication, broadcast or any other dissemination of photographic material, film or likeness associated with my activities at Squaw Valley.

I understand this document is a RELEASE OF LIABILITY and INDEMNITY AGREEMENT, which is a legally binding contract that I have CAREFULLY READ and FULLY UNDERSTAND. By signing below, I acknowledge the risks of my participation in the activities or use of the facilities, and I sign this agreement voluntarily and freely.

If I am signing this Liability Release on behalf of a minor (less than 18 years of age):

- I represent and warrant that I am the parent and/or legal guardian of such minor child (“Child”) and that the Child is in good health and there are no special problems associated with the care of the Child;
- I accept responsibility for all the Child’s medical expenses incurred in connection with the activities or use of the facilities;
- I agree to indemnify Squaw Valley for any claims brought by the Child or any person acting on the Child’s behalf; and
- I agree to indemnify Squaw Valley for any and all claims brought by a third party arising in connection with the Child’s participation in the activities or use of the facilities.

I understand and agree that this agreement is severable and that if any clause is found to be invalid, the balance of the contract will remain in effect and will be valid and enforceable. I agree that any action will be brought in the County of Placer, State of California, or alternatively, in a court of competent jurisdiction in the State of California. Any disputes will be subject to and determined under the laws of the State of California.

I further understand that my Snowboard Team membership, season pass, locker and/or preferred parking pass, including the receipt, are

NON TRANSFERABLE—NO REFUNDS—NO CREDITS for any reason.

CHILD’S NAME	DATE
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Parent/Guardian: I verify that I am the parent/guardian of the minor. I have authority to enter this agreement on behalf of the minor. I agree to be bound by its terms

PRINT NAME OF PARENT/LEGAL GUARDIAN	RELATION
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SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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PERMISSION TO TREAT A MINOR

Race Team staff is not allowed to dispense any medication.: including epi-pens and inhalers. Children must be able to self-administer or medication must be available at TTMG. It is your responsibility to provide medication for pre-existing conditions.

I, the undersigned parent/legal guardian of a minor, do hereby authorize and consent to any X-ray examination, MRI examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatment will not be withheld if the undersigned cannot be reached. I agree, unless I otherwise request, that this release will remain valid as long as my child attends this Squaw Valley Ski Corporation Ski/Snowboard Team.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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INSURANCE COMPANY	POLICY #
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Specific Medical/Allergies?

Parking Agreement

This SIGNED agreement is a required component of the application process for all Squaw Valley Ski/Snowboard Team members.

I hereby acknowledge that I am aware that there is absolutely no loading/unloading and/or parking allowed in the vicinity of Squaw Kids Children’s Center and the Members Locker Room, unless I have purchased preferred parking and have parked in a designated preferred parking space. If I violate this policy, the Squaw Valley Ski/Snowboard Team member(s) listed on the front of this application will lose Team privileges for the balance of the ski season.

By signing, I acknowledge that I will abide by all Squaw Valley Ski Corporation parking policies.

Signed X _____ **Date** _____

Parent/Guardian or Competitor if age 18 or over