

# 2019 Fiorini Ski School Inc. Registration Form

(PLEASE TYPE OR PRINT LEGIBLY.)

1. LAST NAME FIRST NAME AGE (on Jan.1st) M/F

2. LAST NAME FIRST NAME AGE (on Jan.1st) M/F

ADDRESS HOME PHONE ( ) CITY ZIP

BUS PICK-UP POINT ( )

MOTHER'S NAME CELL PHONE ( )

FATHER'S NAME CELL PHONE ( )

Student 1 ..... \$ \_\_\_\_\_

Student 2 ..... \$ \_\_\_\_\_

**TOTAL ..... \$ \_\_\_\_\_**

**Mail form & check for full tuition to:**  
**FIORINI SKI SCHOOL, INC.**  
**P. O. Box 13408**  
**Burton, Washington 98013**

**IMPORTANT:** Please read Release of Liability and Participation Agreement below carefully before signing. Class and bus seat will be reserved upon receipt of Registration Form, Full Tuition Fee and **SIGNED** Release of Liability.

## RELEASE OF LIABILITY AGREEMENT

I am aware that skiing/snowboarding is a hazardous sport that includes certain risks and dangers, including serious injury or death.

I agree that I will not sue or make a claim against Fiorini Ski School, Inc., Ski Lifts, Inc., DBA The Summit at Snoqualmie, Crystal Mt. Resort, New Stevens, LLC Stevens Pass Mountain Resort Ski Area, Boyne USA Inc., or any of its owners, officers, agents, or subsidiaries, including but not limited to, Ski Lifts Inc., Crystal Mountain, Inc., and the U.S. Government or any of (their/ its) employees, agents contractors, subsidiaries, officers ("Released Parties") for any loss, injury or damage resulting from any cause including negligence, which arises out of my participation in any activity at the ski area, including but not limited to, use of the slopes, equipment, or any of the facilities or services on the premises.

I further agree to RELEASE, HOLD HARMLESS, and INDEMNIFY Fiorini Ski School, Inc., Ski Lifts, Inc., DBA The Summit at Snoqualmie, Crystal Mt. Resort, New Stevens, LLC Stevens Pass Mountain Resort Ski Area, Boyne USA Inc., or any of its owners, officers, agents, or subsidiaries, including but not limited to, Ski Lifts Inc., Crystal Mountain, Inc., and the U.S. Government or any of (their/its) employees, agents, contractors, subsidiaries, officers ("Released Parties") for any loss, injury or damage which arises out of my participation as described above. This release is also binding as to any other person, including all family members, heirs, and executors.

If I am signing on behalf of a minor: I accept full responsibility for all medical expenses and claims related to the minor's participation in any activity as described above. I agree to RELEASE, HOLD HARMLESS, and INDEMNIFY the Released Parties from all claims brought by or on behalf of the minor.

I accept full responsibility for all medical expenses to myself and/or on behalf of a minor that may occur during participation in or travel to and from Fiorini Ski School, Inc. activities. This release is also binding as to any other persons, including family members, heirs and executors.

I have read, understood and agree to the conditions and responsibilities as outlined in the Release of Liability Agreement and the Participation Agreement.

Date: \_\_\_\_\_

## SIGNATURES: (Must be signed for enrollment)

1. \_\_\_\_\_  
 Signature of Student(s)  
**AND**

2. \_\_\_\_\_  
 Signature of Parent/Legal Guardian if under age 18.

**PROGRAMS:** (Please check proper box)

Children, Skiing..... Sat.  Sun.

Snowboarding ..... Sat. Only

Adults, Skiing ..... Wed.  Sat.  Sun.

**Have you already purchased a Season Pass?** Yes  No

**If student was enrolled last season no need to fill out ability chart.**

SKIING ABILITY	SNOWBOARD ABILITY
Never Skied ..... <input type="checkbox"/>	Beginner ..... <input type="checkbox"/>
Wedge Turn ..... <input type="checkbox"/>	Intermediate..... <input type="checkbox"/>
Wedge Christie..... <input type="checkbox"/>	Advanced ..... <input type="checkbox"/>
Parallel..... <input type="checkbox"/>	

**LIFTS USED** Rope or Carpet .....

None .....  Chair .....

How many seasons of skiing/boarding? \_\_\_\_\_

How many seasons of lessons? ..... \_\_\_\_\_

**NOTE: If you wish, you may postdate your full tuition check. In order for your check to be held, the date must read January 1, 2019. Sorry, no bankcards accepted.**

## Participation Agreement

I accept my responsibility to ski safely at all times, to abide by the Skier's Responsibility Code, now titled "Your Responsibility Code," and to obey all posted behavior notices and other ski area rules and policies.

Since all instruction and bus space are reserved for the entire season, there are no refunds or make-up lessons if a student misses a class.

However, there may be unforeseen circumstances or conditions which will force the ski school to postpone or cancel a session or sessions.

In the event of postponement, make-up lessons will be scheduled and the ski season will automatically be extended until ALL lessons are completed. So plan for an extended ski season if we should get a late start or have any interruptions in our schedule. No refund if you cannot attend a make-up lesson.

If we are forced to cancel and the program is not completed, we will refund tuition fees less the number of weeks ski school operated. A \$15.00 administration fee will be charged to issue a refund check for any reason.

I understand that my child may not always ride the chairlift with an adult, or any other particular person.

**TUITION does not include lift tickets, ski equipment, clothing or lunch. Lessons and bus seats are not transferable. Smoking is prohibited on all Fiorini ski buses.**

**MEDICAL INSURANCE: All students are required to have medical or accident insurance which covers skiing.**

There are hazards involved in the sport of skiing, as in all active sports, and accidents may happen.

**CONFIRMATION: Upon receipt of entire signed Registration Form, detailed ski school information will be mailed.**

**SIGNATURES APPLY TO BOTH "RELEASE OF LIABILITY" AND "PARTICIPATION AGREEMENT."**