



**GROUP ADVANT-EDGE PROGRAM**

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**PROGRAM RULES & POLICIES**

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**DURATION** - The **Catamount Group Advant-edge Program** provides each participant with a 8 hour on-mountain pass which is valid for a predefined number of weeks{usually 6}starting in January as designated by the group’s organizer. **NO program sessions are conducted during HOLIDAY PERIODS.**

- **REFUNDS & MAKE-UPS** – While make-ups will be organized for entire groups where circumstances warrant, there are **NO REFUNDS OR INDIVIDUAL MAKE-UPS permitted under this program for any reason.**
  - **ELIGIBILITY** – Participants must be a minimum of six (6) years old with the ability to ride a lift with other children or with the general public after receiving instructions in order to participate.
  - **LESSONS** - If a participant is including lessons in their program, we ask you to select a **LESSON TYPE** (*skiing or snowboarding* ) and **ABILITY LEVEL**(*first time, beginner, intermediate or advanced*). **This will only be used as a guide**; all participants will be assessed by the instructional staff at the time of the first lesson.
  - **SUBMISSION** - This Sign-up Form together with the appropriate payment (see front) must be submitted to your group organizer no later than **November 1<sup>st</sup>** to avoid incurring a **late fee** of **\$20**.
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**PROGRAM - LIABILITY RELEASE FORM - TERMS & CONDITIONS**

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**Please read carefully before completing and signing.**

1. I acknowledge that skiing and snowboarding, like many other sports, contains inherent risks including but not limited to the risks of personal injury, death or property damage which may be caused by variations in terrain or weather conditions, surface or sub-surface snow, ice, bare spots or areas of thin cover, moguls, ruts, bumps, other persons using the facilities, rocks, forest growth, debris, branches, trees, roots, stumps or other natural objects or man-made objects that are incidental to the provision and/or maintenance of a Snowsports facility in the states of New York and Massachusetts. In this regard, I agree to be bound by the provisions of Mass. G. L., Ch 143, Sec 71P and NYS Gen Obligations Law, Article 18, as applicable.
2. I agree that any claims that I may bring against the RELEASEES shall be submitted to the jurisdiction of the courts of either Berkshire County, Massachusetts or Columbia County, New York and that no claims against the RELEASEES shall be brought in any other jurisdiction.
3. I understand that an on-mountain pass will be issued to the participant named herein, valid for the duration of the program. I further understand that a fee of \$5 will be charged in respect of a forgotten pass (one forgotten pass will be permitted) and a fee of \$50 will be charged for the issue of a replacement pass.
4. I understand that the participant’s on-mountain privileges may be revoked for 1. Vandalism, theft or destruction of property owned by Catamount or others; 2. Use or sale of prohibited or restricted substances or alcohol on the Catamount property; 3. Selling, transferring or loaning of an on-mountain pass of any description; 4. Reckless behavior of any description on or off the mountain, 5. Entering or using closed trails and areas; 6. Misuse of on-mountain lifts or 7. Misuse of the on-mountain permit.
5. I hereby certify that **all information** submitted on this form is true and correct to the best of my knowledge and belief.
6. I acknowledge that the Catamount Group Advant-Edge Program is a pre-paid program. I further acknowledge and agree to pay the full cost of my participant’s enrolment in this program in the amount of \$ ..... (Calculated on back).
7. I have carefully read the Rules, Policies, Terms and Conditions of this program and agree to be bound by the same.
8. I consent to the reproduction and use by Catamount Ski Area of photographs, videos, and other images and sound recordings of me, without compensation, for advertising or other purposes; and I release Catamount Ski Area and other Released Parties from liability for any violation of any personal and/or proprietary right I may have in connection with such reproduction or use.
9. I have signed this Liability Release From in full recognition and appreciation of the potential dangers, hazards and risks inherent to associated activities and assume the risk. Participant’s Parent/Guardian further agrees to save and hold harmless, indemnify and defend the ski area from any claim by Participant or Participant’s family arising out of Participation’s participation in the activity described above.

Parent’s Signature ..... Student’s Signature ..... Date: .....

For Office Use Only

Group Name: Claverack Youth Group

Program Day: Saturday Time: 8:00AM-2:00PM

Program Date: January 7,14,21,28 & Feb 4,11



**GROUP ADVANT-EDGE PROGRAM  
SIGN UP FORM**

**PROGRAM PARTICIPANT'S DETAILS**

Please complete ALL the information requested below. Please print clearly using black or blue ink.

Parent's Full Name: .....

Student's Full Name: .....Date of Birth: .....Age:.....

Address:.....City: ..... State: ..... Zip: .....

Phone(Day): .....(Evening).....(Mobile) .....

E-mail Address: .....@.....

**Lesson:** Yes \_\_\_ No \_\_\_ **Lesson Type:** SKI /SNOWBOARD \_\_\_ Beginner, Intermediate, Advanced (circle one)

**Helmet Rental:** Yes \_\_\_ No \_\_\_ **Rental Equipment:** Yes \_\_\_ No \_\_\_ *Separate rental for must be completed*

Please complete the following schedule in accordance with your groups chosen day and time slot, specifying the services that you require for this participant.

Saturday	
On-mountain Pass	\$170
Lessons*	\$86
Rental – Skis, Boots, Poles & Helmet	\$131
Rental – Snowboard, Boots & Helmet	\$131
Late Fee <small>(after 11/1/2016)</small>	\$20
<b>Total</b>	<b>\$</b>

\* Please note that we do not offer snowblade or skiboard lessons or rentals as part of this program at this time.

**PROGRAM PAYMENT**

I have enclosed my check or money order **OR**  I authorize Catamount to charge my credit-card (details below)

Credit Card Type: Visa  MasterCard  American Express  Discover  Verification Code \_\_\_\_\_ Zip Code \_\_\_\_\_

Credit Card #: ..... Name on Card ..... Expiry Date .....

Cardholder's Signature ..... Date.....

**\*\*Please read the back of this form carefully and sign before returning.\*\***