



Camden Snow Bowl
 PO Box 1207
 Camden, ME 04843

Ski and Ride Program Registration

Participant's Name _____ Participant's Age _____

Parent or Guardian _____ E-Mail _____

Address _____ Town _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Person _____ Phone _____

Choose One: SKI **OR** SNOWBOARD **AND** **Indicate Student's Ability Below: (CHECK ALL THAT APPLY)**

First Time Second Time Beginner Can Ride Chairlift Intermediate Advanced

CHECK HERE	LESSON PROGRAM	COST
	Holiday Week Programs	
	5 day KATS	\$120
	7 day KATS	\$150
	5 day Stump Jumpers	\$200
	7 day Stump Jumpers	\$270
	5 day Mighty Mites	\$120
	7 day Mighty Mites	\$150
	Mid-Winter 6 Week Session	
	KATS	\$130
	Stump Jumpers	\$230
	Mighty Mites	\$130

CHECK HERE	LESSON PROGRAM	COST
	February Vacation Programs	
	KATS	\$120
	Stump Jumpers	\$200
	Mighty Mites	\$120
	F.O.R.M.	\$240
	Spring 3 Week Session	
	KATS	\$65
	Stump Jumpers	\$115
	Mighty Mites	\$65

CHECK HERE	LESSON PROGRAM	COST
	Lift Ticket Packages	
	5 day Vacation Week	\$89
	7 day Vacation Week	\$109
	Mid-Winter 6 Week Session	\$99
	Spring 3 Week Session	\$49
	Rental Gear Program Packages	
	5 day Vacation Week(December or February)	\$81
	7 day Vacation Week	\$105
	Mid-Winter 6 Week Session	\$93
	Spring 3 Week Session	\$57

TOTAL AMOUNT DUE: _____

Release

On behalf of myself and my child, whose name is set forth below, I hereby release the Town of Camden, it's employees, officials, municipal officers, their heirs, successors and assigns, of and from any claims, demands, rights, claims for personal injury or bodily injury and causes of action, of whatsoever kind or nature, including all liability for personal or bodily injury, or loss or damage to personal property, arising from or by reason of any activities in which I or my child engage which occur on or about any facilities operated or maintained by the Camden Snow Bowl/Parks & Recreation Department, or by the Town of Camden, including any activities specifically sponsored by the Camden Snow Bowl/Parks & Recreation Department.

I understand that I and my child are giving up any right to sue the Camden Parks & Recreation Department/Snow Bowl or the Town of Camden for any claim, demand, or right set forth above. By signing this release, I and my child agree that the Town of Camden and the Camden Snow Bowl/Parks & Recreation Department, under no circumstances, shall have any liability or responsibility for any injury or loss that I or my child suffer in connection with any of the activities which occur on or about the facilities operated and maintained by the Camden Snow Bowl/Parks & Recreation Department, or by the Town of Camden. **Photo Release:** I hereby give my consent for the Camden Parks & Recreation Department/Snow Bowl to take photographs or videos of me or my child while participating in activities associated with this program. I approve the reproduction, use and publication of these for promotional purposes.

Indemnification: Furthermore, I agree that I shall indemnify and hold harmless the Town of Camden, its officials, municipal officers, employees, and agents, their heirs, successors and assigns, from any claim, demands, causes of action, judgments or liability whatsoever arising out of or in connection with any activities in which I or my child engage on any premises operated or maintained by the Camden Snow Bowl/Parks and Recreation Department of the Town of Camden, such indemnification shall include any reasonable attorneys fees and cost incurred by the Camden Snow Bowl/Parks and Recreation Department or the Town of Camden in connection with such claims or causes of action. I specifically agree that I shall indemnify and hold harmless the Town of Camden, its officials, municipal officers, employees, and agents, their heirs, successors and assigns, from any such claims, demands, causes or actions, judgments or liability by a third, including claims by my child named below, which is not covered by the release set forth above. My indemnification for the benefit of the Town of Camden, set forth above, shall be binding on me and legally effective even in the event that my child's signature, set forth below, is not considered to be legally valid.

Authorization: I hereby give my consent to any medical procedures deemed advisable for my child by the Town of Camden, and/or its employees in the event that I cannot reasonably be contacted in sufficient time, given the circumstances of my child's injury, and my child has sustained an injury which reasonably requires treatment.

 Parent/Guardian (Print Clearly)

 Parent/Guardian (Signature)

 Date

PAYMENT OPTIONS: VISA / MasterCard / Discover

Card#: _____ Expires: ____/____/____ CVV#: _____
 3-digit # on back Signature of card holder with Zip Code: _____

Cash \$ _____ Check # _____ Date ____/____/____
 Made payable to Camden Snow Bowl

Total Amount Paid \$