

CLEVELAND STATE COMMUNITY COLLEGE SKIING/SNOWBOARDING JANUARY 1 - 3 2014

FOR OFFICE USE ONLY.

Card # _____

Cash _____

Check _____

Entered _____

(Please Print Clearly)

Name _____ Male/Female (circle one)

Permanent Address _____ Home Phone # _____

City _____ State _____ Zip _____

Cell Phone _____ Email: _____

Register for either skiing or snowboarding, NOT BOTH.

SKIER LEVEL: B1 B2 I1 I2 A1 A2
(circle one)

SNOWBOARDERS ONLY

Height _____ Weight _____ Shoe Size _____

Rider Level: L1 L2 L3 L4 L5 L6
(circle one)

Stance: (circle one) GOOFY REGULAR

Equipment: (circle one) Needed Not Needed

Housing: (circle one) Needed Not Needed

Are you taking this course for credit? Yes___ No___

Check One

Single Room (1 person) ___

Double Room (2 people) ___

Triple Room (3 people) ___

Quad Room (4 people) ___

***ROOMMATES**

1. _____

2. _____

3. _____

I, the undersigned individual, understand that there are certain inherent risks and dangers associated with downhill skiing/snowboarding, such as falls or other snow skiing/snowboarding mishaps which could result in permanent impairment or death. Understanding that there are such risks and dangers, I hereby freely and voluntarily waive any claim I might have against the French-Swiss Ski College, the ski area, sponsors, officials or the employees thereof because of personal injury and/or property damage arising out of my participation in the downhill skiing/snowboarding class offered by said School, as long as said injury and/or property damage is attributable to the inherent risks and dangers described above (whether or not said risks or dangers are specifically known to me) or arises out of travel to or from Appalachian Ski Mtn. or other location of said class. This Agreement shall be binding on me and any others claiming under or through me or on my behalf.

All liability for injury or damage not waived by this document shall be governed by the North Carolina Tort Claims Act (G.S. 143-291 et seq.).

IMPORTANT: I have read and understand the foregoing document and hereby signify my acceptance of its terms.

SIGNATURE ABOVE:

Date: _____

WITNESS: