

49° NORTH GROUP RENTAL/LESSON FORM

Date of Visit: _____ Group Name: _____

Name: _____
Last First MI

Address: _____
Street

City State Zip

Phone #: _____

TAKING LESSONS? If so, please fill out this section completely.

| |
|--|
| Type of Lesson <input type="checkbox"/> Ski <input type="checkbox"/> Snowboard Ability Level <input type="checkbox"/> Never Ever <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced Age: _____ <small>See Ability Assessment Chart</small> |
|--|

RENTING? This section must be filled out completely

| | | |
|---|--|---|
| If Renting Skis <small>Circle One</small> | If Renting Snowboard <small>Circle One</small> | |
| Skier Type: I II III <small>See Skier Type Chart</small> | Left Foot Forward <small>Regular</small> | Right Foot Forward <small>Goofy</small> |
| User's Weight: _____ Height: _____ Age: _____ Shoe Size: _____ <small>Mns/Wmns/Child</small> | | |
| RENTAL INSURANCE? <input type="checkbox"/> Y <input type="checkbox"/> N Add \$3 to rental price - Covers damage of any type! | | |

FOR TECHNICIAN USE ONLY

| | | |
|---------------------------|------------------------------|---------------------------------|
| Boot Inv. #: _____ | Ski Inv. #: _____ | Pole: _____ |
| Sole Length: _____ | SC/IIS: _____ / _____ | |
| RT _____ | RH _____ | LT _____ LH _____ |

| | |
|--|--|
| Boot Inv. # _____ | Snowboard Inv. #: _____ |
| <input type="checkbox"/> STANCE | <input type="checkbox"/> BOOT/BINDING |
| <input type="checkbox"/> SCREWS/PARTS | <input type="checkbox"/> LEASH |

TECH. INIT. _____

| | |
|--|---------------|
| I HAVE READ AND UNDERSTAND THE RELEASE AGREEMENT. I VOLUNTARILY AGREE TO THE TERMS OF THAT AGREEMENT | |
| _____ Participant's Signature | _____ Date |
| _____ PARENT OR GUARDIAN SIGNATURE | _____ Date |

RENTAL RELEASE AGREEMENT

I have accurately represented the personal information on the reverse side of this form and it is true and correct. I will not use any of the equipment to be provided to me during this transaction until I have received instruction on its use and I fully understand its use and function. I agree to verify that the visual indicator settings to be recorded on this form for downhill ski equipment agree with the numbers appearing in the visual indicator windows of the equipment to be listed on this form.

I accept for use as is the equipment listed on this form, and accept full financial responsibility for the care of the equipment while it is in my possession. I will be responsible for the replacement at full value of any equipment rented under this form, but not returned to the rental shop. I agree to return all rental equipment by the agreed date and time.

I understand that the binding system cannot guarantee the user's safety. In downhill skiing, the binding system will not release at all times or under all circumstances where release may prevent injury or death, nor is it possible to predict every situation in which it will release. In snowboarding, telemark skiing, cross-country skiing and snowblade use, the binding system will not ordinarily release during use; these bindings are not designed to release as a result of forces generated during ordinary operation.

I understand that the sports of skiing, snowboarding, telemark skiing, cross-country skiing, snowblade use and other recreational activities involve inherent and other risks of injury and death. I voluntarily agree to expressly assume all risks of INJURY or DEATH that may result from skiing, snowboarding, telemark skiing, cross-country skiing, snowblade use, or relate in any way to the use of this equipment.

I AGREE TO RELEASE 49° North, its employees, its owners, affiliates, agents, officers, directors, and the manufacturers and distributors of this equipment (collectively "PROVIDERS"), from all liability for injury, death, property loss and damage which results from the equipment user's participation in the sport of skiing, snowboarding, telemark skiing, cross-country skiing, snowblade use, or is in any way related to use of this equipment, including all liability which results from the NEGLIGENCE of PROVIDERS, including, but not limited to, negligence in the selection and/or adjustment of equipment, or any other person or cause.

I further agree to defend and indemnify PROVIDERS for any loss or damage, including any that results from claims or lawsuits for personal injury, death, or which relate in any way to the use of this equipment. This agreement is governed by the applicable law of this state. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

PARENT/GUARDIAN: I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the equipment user and I agree to be bound by the terms and conditions of agreement. I further agree to indemnify and hold harmless the PROVIDERS for any and all damage cost and claims arising from the minor's use of equipment.

CONSENT TO MEDICAL TREATMENT OF MINORS
 I hereby authorize any duly authorized doctor, emergency medical technician, registered ski patrol, hospital or other medical facility to treat any minor that is listed on the application form for the purpose of attempting to treat or relieve any injuries received while being transported to or from 49° NORTH SKI AREA or while at 49° NORTH SKI AREA .
 I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to relieve any injuries and/or related unhealthy conditions of said minor that he/she may encounter during any necessary operation.
 I consent to the administration of anesthesia as deemed advisable by any licensed physician.
 I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and said minor.
 I acknowledge that no warranty is being made as to the results of any treatment.
 I also consent to, and accept full financial responsibility for any form of emergency transportation and care deemed appropriate by the 49° NORTH SKI PATROL.

If for religious or personal reasons you object to treatment please initial here: _____