



THE CATAMOUNT TRAIL ASSOCIATION

NORTH AMERICA'S LONGEST BACKCOUNTRY SKI TRAIL

PLEASE SIGN THIS FORM AND RETURN TO YOUR CHILD'S PROGRAM COORDINATOR

Completing this form indicates my child has permission to participate in the _____ **Youth Learn To Ski Program** organized by the Catamount Trail Association. (Year)

Waiver & Release Of Liability

I am aware of and assume all risks associated with participating in this program, including but not limited to falls, contact with other participants or obstacles, effect of the weather, snow conditions, ski equipment, and conditions of the trail. I hereby release the Catamount Trail Association, its officers, members, tour leaders, volunteers, sponsors, and host sites of any liability for personal injury resulting from my child's participation in Ski Cubs during the specified period.

I also hereby waive, release and forever discharge the program organizers, sponsors, promoters, and their agents, representatives, successors and assigns, and all other persons associated with the program, for my child's liabilities, claims, actions, or damages that he or she may have against them arising out of or in any way connected with his or her participation in this program. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

Covid-19 Release

I understand that the CTA cannot control possible exposure to Covid-19. I agree to keep my student home if not feeling well, and will not participate in the Ski Cubs Program. My student agrees to maintain at least 6ft of space between myself and other program participants who are not a part of our household. My student agrees to bring and wear a mask at times when adequate distance between others cannot be maintained. If my student is not willing to agree to these terms they will not participate in the CTA Ski Cubs Program.

Photo/Video Release

Unless otherwise indicated below, I grant full permission to the event organizers to use any photographs, video, motion pictures, website images, recordings or any other record of my child or ward at this event for use in print materials, social media, and website updates.

I DO NOT grant permission for my child to be photographed or recorded during Ski Cubs.

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Email _____

Participant Name _____ Participant Age _____

Is the participant: New to the cross-country ski school program A returning participant from a previous school year

If new, has the participant ever cross country skied before: Yes No

If returning, what is the participant's skill level: Beginner Intermediate Advanced

Race/Ethnicity (check all that apply): African American Hispanic/LatinX Asian American

Indigenous American/Alaskan Caucasian Hawaiian/Pacific Islander

New American: African/Middle Eastern/Asian Other Prefer not to say

Gender: Female Male Transgender Non-Binary Gender Non-Conforming Prefer not to say

Does the participant qualify for free and reduced lunch: Yes No Prefer not to say

Is the participant's household income less than \$40k per year: Yes No Prefer not to say

The participant has their own skis to use during this ski program: Yes No