



MOUNTAIN ADVENTURE SEMINARS (MAS)

P.O. Box 5450 • Bear Valley, CA 95223 • ph: 209.753.6556 fax: 209.753.2313



2009 Bear Valley Telemark Festival Registration Form (please print clearly)

Name (one form per person please) _____

day phone _____

Address _____

evening phone _____

City, State, Zip Code _____

e-mail _____

CIRCLE CATEGORY THAT BEST DESCRIBES YOUR LEVEL: **Intermediate:** Linking telemark turns on int. slopes

Beg I: little or no skiing experience of any style

Advanced: Linking telemark turns on adv. slopes

Beg II: alpine or nordic skier or basic tele skills

Expert: Comfortable on any slope any terrain

FRIDAY, February 6, 2009

Beg-Expert. Telemark workshops \$85 _____

Lift ticket (save \$19!) \$40 _____

All-U-Can-Stuff Pizza & Salad Bar \$15 _____

Guest: (name:) _____ \$15 _____

T-SHIRT SIZE (circle one) **XS S M L XL XXL**
(included in any festival participant except demo pass)

EXTRA T-SHIRTS # _____ x \$15 _____
(please circle) **XS S M L XL XXL**

SATURDAY, February 7, 2009

Instructional Intensive \$75 _____

50/50 Festival Fun \$50 _____

Saturday Freeheel Adventures \$30 _____

Demo Pass \$20 _____

Discount Lift ticket (save \$19!) \$40 _____

Banquet \$40 _____

Guest: (name:) _____ \$40 _____

FESTIVAL PACKAGES: (lift tickets not included)

Premium Package (Fri-Sun Events & Meals): \$265 _____

Discount Lift ticket (save \$19!) # _____ x \$40 _____

Standard Package (Sat-Sun Events & Banquet) \$175 _____

Discount Lift ticket (save \$19!) # _____ x \$40 _____

Friday Night Guest: (name:) _____ \$15 _____

Banquet Guest (name:) _____ \$40 _____

SUNDAY, February 12, 2006

Backcountry Ski Tour & turns w/shuttle \$75 _____

Telemark clinic @ ski area (10 AM - 12 PM) \$45 _____

Telemark clinic @ ski area (1 AM - 3 PM) \$45 _____

Both AM & PM Telemark clinics \$75 _____

Discount Lift ticket (save \$19!) \$40 _____

Total Events or Packages: \$ _____

Total: \$ _____

Please sign liability release on reverse!

IMPORTANT!!! Please list any medical or physical problems that might affect your participation in this activity (e.g. allergies, heart trouble, recent surgeries, diabetes, etc). Note any medication you need to carry and any you are allergic to. This information will remain confidential. If you have no conditions, please write "None" in the space below.

In case of an Emergency Contact:

Name: _____ Relation: _____

Phone: (_____) _____ Other: _____

PAYMENT INFORMATION

Check Enclosed (full payment needed to reserve space)

Please bill my credit card (full payment only, **VISA, MC**)

Credit Card # _____ Exp. date _____

Signature _____ Amount \$ _____

Full M.A.S. credit will be issued in the case of our cancellation due to weather. All cancellations subject to \$25 fee. 50% refunds on cancellations more than 2 weeks prior to event. No refunds within 2 weeks of event.

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Mountain Adventure Seminars, L.L.C., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MAS"), I hereby agree to release, idemnify, and discharge MAS, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in mountain sports such as rock climbing, mountaineering, winter camping, backcountry skiing, telemark downhill skiing, hiking, snowshoeing and /or taking an avalanche safety class entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: the hazards of walking on uneven terrain and slips and falls; being struck by rockfall, icefall or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning, weather changes and avalanche; the risks of falling off the rock, mountain or into a crevasse; the risks of exposure to insect bites; the risk of altitude and cold including hypothermia, frostbite, acute mountain sickness, cerebral and pulmonary edema; my own physical condition, and the physical exertion associated with this activity.

Futhermore, MAS employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to idemnify and hold harmless MAS from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of MAS's equipment or facilities, **including any such claims which allege negligent acts or omissions of MAS.**
- 4. Should MAS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against MAS, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MAS on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by MAS to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MAS from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian : _____

Print Name: _____ Date: _____