



PSIA/AASI-NRM 2009-2010 Event Registration Form



Payment must accompany registration
Mail to the NRM Office P.O. Box 11392, Bozeman 59719

CONTACT INFORMATION

Name _____

Mailing Address _____

Street Address/P.O. Box _____

City _____ State _____ Zip _____

dob (if minor) _____

Phone - home (_____) _____

Phone - cell (_____) _____

Email _____

PSIA Member # _____

Snowsports School _____

DIVISION

NRM A C E I NI NW RM W

EVENT REGISTRATION POLICY

Registration is open up to two weeks prior to event start date. Payment is due two weeks prior to the event start date. A \$50 late fee applies to all payments within two weeks of event start date. If payment is not received prior to the event, registration will be canceled and individual will not be allowed to attend event.

Registration within two weeks of the events start date is on a space available basis and will not be guaranteed. If participant numbers have not reached maximum, registration may be allowed but will incur a late registration fee (\$50).

MINIMUM AND MAXIMUM PARTICIPANT NUMBERS AND POLICY:

The minimum number of participants for an event is five. If there are fewer than five individuals registered for an event two weeks prior to the event the event may be canceled or rescheduled.

The maximum number of participants is ten for educational clinics and eight for exams. If registration numbers exceed these maximum numbers additional clinic/exam groups may be created provided the new group numbers meet minimum number requirements.

CANCELLATION & REFUND POLICY

Should cancellation become necessary seven days or more before the event, your registration fees will be refunded less a \$10 cancellation fee. Within seven days of the event half of the registration fee will be refunded. No refunds will be given if requested on the day of the event or later. All refund requests must be made directly to the NRM office

PHOTO RELEASE: I understand that video or still images may be taken during the event. By signing below, I give PSIA/AASI-NRM permission to use these images in a professional manner in member publications and education material.

APPLICANT'S SIGNATURE: _____

EVENT DETAILS

Event Name _____

Event Location _____

Event Date _____ Event Fee _____

PAYMENT INFORMATION

Total amount enclosed: \$ _____

CHECK VISA MC AMEX

Credit Card #: _____

Exp. Date: _____ CV Code: _____

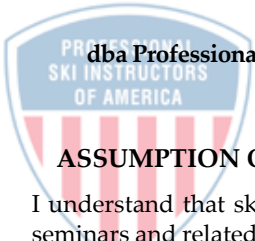
Name on card _____

Zip code of billing address: _____

Signature: _____

NOTE: All credit card information is destroyed after being charged.

IMPORTANT - please read and sign the liability release on the back of this page too - thank you!

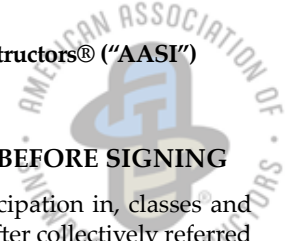


AMERICAN SNOWSPORTS EDUCATION ASSOCIATION, INC.

dba Professional Ski Instructors of America® (“PSIA”) and/or American Association of Snowboard Instructors® (“AASI”)

and

ASEA EDUCATION FOUNDATION



ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT - READ CAREFULLY BEFORE SIGNING

I understand that skiing and snowboarding in their various forms, as well as preparation for and participation in, classes and seminars and related activities in alpine, nordic, freestyle, and disabled skiing and snowboarding (hereinafter collectively referred to as “Activities”), involve many **RISKS, DANGERS and HAZARDS**. These risks, dangers and hazards include, but are not limited to: changing weather and snow conditions, variations in steepness or terrain, natural and man-made objects and structures, equipment failure, collisions with objects, structures, or other skiers/riders, and exceeding one’s own abilities. I further understand that ski and snowboard training and clinics may be more hazardous than recreational skiing and snowboarding. I understand that **INJURIES OF ALL TYPES ARE A COMMON AND ORDINARY OCCURRENCE OF THE ACTIVITIES**. I know and accept that the risk of **SEVERE INJURY** and even **DEATH** exists in all these Activities. I also know and accept that training, coaching, instruction, and supervision by the American Snowsports Education Association, Inc., the ASEA Education Foundation, their affiliated ski and snowboard facility operators, and their divisions, subsidiaries, affiliates, officers, directors, volunteers, Participants, employees, contractors and agents (hereinafter the term “PSIA-AASI” shall be used to refer to all such persons and entities collectively) does not and cannot guarantee my safety. **I FREELY AND VOLUNTARILY ACCEPT AND FULLY ASSUME THE RISK THAT I MAY SUFFER TEMPORARY, PERMANENT OR EVEN FATAL INJURIES**, even if I follow the instructions or advice of PSIA-AASI. Nevertheless, I, the undersigned (hereinafter “Participant”) agree to comply with and be bound by the following terms at all times while attending or participating in any PSIA-AASI event or program.

- Participant hereby unconditionally **WAIVES AND RELEASES ANY AND ALL CLAIMS OF LEGAL LIABILITY AGAINST PSIA-AASI, AND AGREES TO DEFEND, INDEMNIFY AND HOLD PSIA-AASI HARMLESS FROM ANY CLAIMS**, present or future, brought by Participant or Participant’s heirs, executors, administrators or assigns, **FOR ANY LOSS, DAMAGE, EXPENSE, OR INJURY INCLUDING DEATH**, suffered by Participant in any Activities in which PSIA-AASI is involved in any way, due to any cause whatsoever, **INCLUDING CLAIMS OF NEGLIGENCE** and/ or breach of express or implied warranty by PSIA-AASI.
- Participant authorizes PSIA-AASI to obtain medical care for, or to transport Participant to a medical facility or hospital if, in the opinion of PSIAAASI, medical attention is required and Participant is unable to make such decisions for himself/ herself. Participant agrees to pay all costs associated with such medical care and related transportation and shall defend, indemnify and hold PSIA-AASI harmless from the consequences of such decision and from any such costs incurred relating to the provision of medical care. Participant also authorizes disclosure of protected medical information necessary to provide, coordinate or manage Participant’s healthcare.
- This Agreement shall be construed in accordance with, and governed by the substantive laws of the State of Colorado, without reference to principles governing choice or conflicts of laws. In addition, Participant agrees that all lawsuits for personal injury, death or property damage against PSIA-AASI must be brought in the state or federal courts of Colorado, Michigan or New Hampshire.
- In the event any part of this Liability Release is found to be unenforceable, the remaining terms shall be given full force and effect to the greatest extent allowed by law.

HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING LIABILITY RELEASE AND INDEMNITY AGREEMENT, PARTICIPANT SIGNIFIES HIS/HER ASSENT TO THE ABOVE TERMS BY SIGNING BELOW:

PARTICIPANT (IF OVER AGE 18)

Signature: _____

Date of Birth: _____

Printed name: _____

Date Signed: _____

SIGNATURE OF PARENT OR GUARDIAN REQUIRED FOR PARTICIPANTS UNDER THE AGE OF 18

As the parent or guardian of the minor child Participant named below, I hereby enter into each and every agreement, representation, waiver and liability release described above on behalf of myself, the Participant, and any other parent or guardian of the Participant, intending that they be binding on me, the Participant, and our respective heirs, executors, administrators and assigns. By my signature below I represent that I intend to waive and release the right of the Participant, and the right of any other parent or guardian of the Participant to maintain any claim or suit against PSIA-AASI arising out of the Participant’s participation in any Activities involving PSIA-AASI in any way including claims or suits for **NEGLIGENCE**. I further agree to defend, indemnify and hold PSIAAASI harmless from any claims from third parties arising from the minor child Participants’ participation in any Activities involving PSIA-AASI.

Parent or guardian’s signature _____

Printed name _____ Date _____

Participant’s Name (Please Print) _____