



Big Sky Resort Local Programs Mountain Bike Registration 2019



Big Sky Resort's Youth Downhill Mountain Bike Program is aimed at youth aged 8-17 with experience on a mountain bike. We will have groups for those new to the sport of downhill mountain biking and for those looking to build on their existing downhill skills. Groups will be formed as best as possible taking into consideration age, ability and motivation. Coaching will take place on features and trails and be targeted to each individual group of riders. Biking helmet and shin guards required, full-face helmet, gloves and pads highly recommended. A good cross country bike will be suitable for entry level downhill riders. Groups will meet at 9am and finish at 4pm.

Rider's Name: _____

Guardian's Name: _____ Rider's Age: _____

Telephone: _____ Cell Phone: _____

E-mail Address: _____

Allergies: _____

Medical Information: _____

Comments: _____

| Rider Ability and Motivation | |
|---|---|
| Beginner Cross Country Rider <input type="checkbox"/> | Advanced Cross Country Rider <input type="checkbox"/> |
| Intermediate Cross Country Rider <input type="checkbox"/> | Average number of miles per week? <input style="width: 50px;" type="text"/> |
| Favorite Cross Country Trails: _____ | |
| Beginner Downhill Rider <input type="checkbox"/> | Advanced Downhill Rider <input type="checkbox"/> |
| Intermediate Downhill Rider <input type="checkbox"/> | Number of times riding downhill? <input style="width: 50px;" type="text"/> |
| Favorite Downhill Trails: _____ | |
| Rider's motivation for joining the program: _____ | |

| Sign Up Preferences | |
|---|---|
| <u>Session Selection</u> | <u>Day of Week Preference</u> |
| 1st Session <input type="checkbox"/> 4 weeks starting June 24th | Monday <input type="checkbox"/> Thursday <input type="checkbox"/> |
| 2nd Session <input type="checkbox"/> 4 weeks starting July 29th | Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> |
| 1st and 2nd Session <input type="checkbox"/> | Wednesday <input type="checkbox"/> |

| Options | One Session | Add-on price for second session |
|--|-----------------|---------------------------------|
| Camp Only | \$309.00 | \$273.98 |
| Camp + Lift | \$384.19 | \$273.98 |
| Camp + Lift + Bike Rental | \$495.43 | \$384.19 |
| Camp + Lift + Adult/Performance Bike Rental | \$556.20 | \$450.11 |

| Payment Information |
|---|
| <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Personal Check |
| Name on card: _____ |
| Credit Card # _____ |
| Expiration date: _____ CVV2# _____ |
| Total Payment: _____ Boyne Rewards #: _____ |

GUIDED HIKE AND GUIDED BIKE WIAVER

Valid for the Summer 2019 Season

I understand and agree that participating in **GUIDED HIKING and/or GUIDED BIKING** carries significant risk of personal injury, death or property damage and that **Big Sky Resort does not provide any assurance that the property is safe for any purpose**. Participants should be aware that certain inherent risks exist including but not limited to: falling, slipping, sliding, tripping from cliffs, steep, inconsistent, slippery or wet trails, unmarked trails, falling objects including trees and rocks, adverse weather conditions including wind, lightening and extreme temperatures, collisions with people, terrain or objects, equipment malfunction, clothing or body parts being caught in moving parts, injury while getting on and off of platforms, on and off of lifts, in and out of vehicles, animal dangers including being bitten, trampled, or mauled, fire dangers including being burned or smoke inhalation, poisonous effects of plants, insects and snakes, disorientation dangers including falling or getting lost, physical exertion dangers, stress or emotional trauma, explosive duds remaining from winter avalanche control programs. Additional risks, especially when biking, include loss of balance, falling or crashing, failure of a participant to ride within his/her ability, and leaving the trail system or resort area boundary as designated on the trail maps. I understand and agree that helmet use may reduce or mitigate the severity of head injuries to the participant, but helmet use is not a guarantee of safety. I understand and agree that I could suffer severe or even fatal injuries while participating in Guided Hiking and/or Guided Biking, even if Big Sky Resort and its employees act with the utmost care and ability. **I acknowledge and accept all such risks.** I will abide by all instructions written and verbal. Those not following these directions may be removed from the activity without refund.

I understand and agree that participating in **GUIDED HIKING and/or GUIDED BIKING** is not appropriate for individuals with certain medical conditions which may include, but are not limited to, recent musculoskeletal injuries, head, neck or back injury, epilepsy, chronic heart condition, pregnancy, hemophilia or diabetes. Participation is not appropriate for individuals taking blood thinning medications or who are under the influence of alcohol or recreational drugs. It is recommended that medications for conditions such as asthma, diabetes or severe allergies be carried by the respective person and to alert the guide(s) of such conditions.

I have been given an opportunity to inspect the facilities and agree to accept the conditions as they exist. I agree that I will accept and abide by the rules and regulations of Big Sky Resort. This Acknowledgement shall be binding upon my heirs and assigns.

I grant Boyne USA, Inc., d/b/a Big Sky Resort LLC the absolute and irrevocable right and permission forever to use, reuse, publish photographs, audio or video recordings, in any medium and for any purpose whatsoever, including but not limited to, illustrations, web/internet, marketing, promotion, advertising and trade

BY SIGNING THIS DOCUMENT YOU MAY BE WAIVING YOUR LEGAL RIGHT TO A JURY TRIAL TO HOLD THE PROVIDER LEGALLY RESPONSIBLE FOR ANY INJURIES OR DAMAGES RESULTING FROM RISKS INHERENT IN THE SPORT OR RECREATIONAL OPPORTUNITY OR FOR ANY INJURIES OR DAMAGES YOU MAY SUFFER DUE TO THE PROVIDER'S ORDINARY NEGLIGENCE THAT ARE THE RESULT OF THE PROVIDER'S FAILURE TO EXERCISE REASONABLE CARE.

I, the undersigned, have fully read and do understand the terms and conditions on this form, and agree to them.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ HOME PHONE: _____

DATE: _____

Signature of Parent/Guardian if
Participant is under 18 years old

DATE: _____

WITNESS