

FAMILY SKI MEISTERS

Gore Ski Trip 2017 January 5, 6, and 7, 2017

NAME: Please print						
Contact Info: Phone # and e-mail						
Lift Tickets	Rate	# of Tickets	Total	Extras		
1-Day				Lessons		
Adult ages 20-64	\$53			Ski and Snow Board Lessons Ages 13+. Class lessons 90 minutes all levels		
Teen ages 13-19 Senior age 65+	\$41			\$26	# of lessons	Total
Junior ages 7-12	\$30					
6 & Under	FREE					
Equipment Rental Age between 13-64	\$41			Parallel From the Start Learn to Snowboard. (First timers) Includes Lift, lesson, rental		
Age under 13 over 64	\$31			\$79	# of lessons	Total
2-Day						
Adult ages 20-64	\$92			Are you a Member? Yes () No () Non members must sign the Trip Agreement Form found attached to this document..		
Teen ages 13-19/65+	\$73			http://www.familyskimeisters.com/wp-content/uploads/2015/09/FSM-Guest-Form-September-12-2015.pdf		
Junior ages 7-12	\$53			Non members: \$25 fee		
6 & Under	FREE			<i>We hope you have enjoyed our trips and our company. Can we contact you about becoming a member of Family Ski Meisters? Yes () No ()</i>		
Equipment Rental Age between 13-64	\$75			Totals		
Age under 13 over 64	\$55			Lift Tickets	Lessons	Amount Encl
<i>Rental packages include Snowboard or Skis and poles, boots and helmet</i>						

Accommodations are at The Holiday Inn Lake George Turf. Be sure to ask for Family Ski Meisters Rates
2223 Canada St, Lake George, NY, US, 12845 (518) 668-5781



FAMILY SKI MEISTERS SKI CLUB

Trip Agreement Form - Guest



I _____ (you), acknowledge that I am not a member of the Family Ski Meisters (hereinafter referred to as "FSM") Club. However, I and my family members, and any accompanying minors listed below will be participating in a FSM Club activity (hereinafter referred to as "Activity") described below.

Fill out the following information and sign this form on behalf of you, your family and any accompanying minors.

FSM Member you are a guest of: _____

Your Information:

Family Name: _____ Date: ____ - ____ - ____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell: _____ E-Mail: _____

FSM Club Activity: _____ Date of Trip: _____ Trip Coordinator: _____

Non-FSM Member Guest Fee: \$25 per family (or per individual)

Family & Guests:

	M/F	Birthdate	Relationship to You
Guest 1 (you): _____	___	____ - ____ - ____	_____
Guest 2: _____	___	____ - ____ - ____	_____
Guest 3: _____	___	____ - ____ - ____	_____
Guest 4: _____	___	____ - ____ - ____	_____
Guest 5: _____	___	____ - ____ - ____	_____

Waiver and Release of Liability

In consideration of the risk of injury while participating in Skiing, Snowboarding or any other FSM Club Activity, and as consideration for the right to participate in the Activity, I hereby, for myself, my family, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever against the FSM club arising out of any club Activity, and do hereby release and forever discharge the FSM Club and its officers, located at Lagrangeville, New York 12533, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I or my family may suffer as a direct result of my participation in a FSM Club Activity, including traveling to and from a FSM Club Activity.

I agree to indemnify and hold harmless the FSM Club and its officers against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If the FSM Club and its officers incur any of these types of expenses, I agree to reimburse the FSM Club and its officers.

The undersigned agrees to assume full responsibility for any insurance, including health insurance coverage, for self, spouse and any accompanying minors. The undersigned applicant also certifies that he/she is at least 18 years of age.

Guest (you) Signature: _____ Date: _____

