

PLEASE PRINT CLEARLY

SNOWLIKE STUDIO, LLC. REGISTRATION FORM

SKI or SNOWBOARD

Name _____ If under 18 name of Mom _____
and Dad _____ and/or guardian _____

Age _____ Shoe Size _____ Occupation _____ Address _____

City _____ State _____ Zip _____ - _____ Work Phone (_____) _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____ Add to email/ mailing list YES NO

How did you hear about us? (Specify name of: Newspaper, tv or radio station, friend, Google, Facebook, Instagram, etc.) _____

How many days did you ski/snowboard last season? _____ How many seasons have you skied? _____

Snowboarded? _____

How many hours of professional snow instruction have you had? _____

Other sport and activities you enjoy/participate in? _____

Have you ever skied/snowboarded on a revolving carpet before? YES NO

If yes, when, where, how many hours (approx.) _____

What is your skiing ability? Underline the true: Never; Tried without success; A long time ago; Beginner low; Beginner high; Intermediate low; Intermediate high; Advanced low; Advanced high.

What is your snowboarding ability? Underline the true: Never; Tried without success; A long time ago; Beginner low; Beginner high; Intermediate low; Intermediate high; Advanced low; Advanced high.

IMPORTANT: TERMS AND CONDITIONS

All sessions must be scheduled and paid for in advance. No refunds.

48 hours notice (email – info@snowlikestudio.com) required to reschedule any cancelled session without penalty.

Less than 48 hours cancellation notice will result in forfeiture of that session.

No refunds issued for any reason.

All sessions normally take at the scheduled time; however, if due to weather, equipment failure, or other possible occurrences within or beyond our control, Snowlike studio, LLC reserves the right to cancel appointments, resolve the condition, and reschedule appointments at the earliest time possible.

A \$50 service charge will apply to checks returned by the bank for any reason.

If you have any physical problems or limitations, Snowlikw studio, LLC suggests you consult your physician before taking any instruction.

All individual paid sessions must be taken within three months.

All sessions in a paid course must be taken within the course timeframes.

I give my consent and permission to use any photographs, video and/or audio of me for advertising, promotion, broadcast, website, social nets and any other use.

If I give my VISA or MASTERCARD # to reserve any appointment for myself and/or anyone else, you have my permission to charge my account for all reserved appointments cancelled with less than 48 hours notice.

Exp. Date ____/____/____ Billing address zip code _____ 3 digit sec. code _____

Name as it appears on card: _____

I have read and agree to the Agreement and Liability Release Contract and all terms and conditions stated herein, and, if requested, I have received a copy of the terms and conditions.

SIGNATURE _____ Name _____ Date _____

(if under 18, parent or guardian name and signature)

Registration Form and Liability Release Completed and Signed – Staff Witness

Name _____ SIGNATURE _____

PAYMENTS

	\$ AMOUNT	C/C	DATE PD	INITIAL	LESSONS	DATE ARENGED	NOTES,CANCELLATIONS, COUPONS, ITS	PRACTICE DATE TAKEN	SIGNATURE
1					1			1	
2					2			2	
3					3			3	
4					4			4	
5					5			5	
6					6			6	
7					7			7	
8					8			8	
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36					36			36	

**AGREEMENT & LIABILITY RELEASE CONTRACT
APPROVAL OF PARENT / GUARDIAN ON BEHALF OF MINOR**

I, (print name) _____

am the parent and/or legal guardian of the following name minor(s): print minor skier's and/or snowboarder's complete name(s)

1 _____

2 _____

3 _____

In consideration of Snowlike studio, LLC making available the above named minor(s) for use and permitting the above named minor(s) to use the revolving carpets ski machine (hereinafter "**ski machine**") owned and operated by Snowlike studio, LLC, I acknowledge and agree to the following:

Snow skiing and snowboarding are hazardous sports carrying significant risk of personal injury and that the above named minors(s) use of the **ski machine** and lessons and practice conducted thereon is subject to all of the risks associated with snow skiing and snowboarding and those additional risks resulting from the use of the **ski machine**;

_____ () **INITIALS**

I hereby expressly agree to assume all risks associated with the **ski machine**, instruction, practice sessions, observation, and use of skis, boots, bindings, poles, snowboard, and any other equipment, whether or not provide by Snowlike studio, LLC.; _____ () **INITIALS**

I hereby release and agree to indemnify Snowlike studio, LLC. For all claims, judgements and costs, including attorney's fees, and promise not to sue Snejanka Stoyanova-Guigova and Ludmila Kotseva personally and Snowlike studio, LLC and its officers, directors, shareholders, and employer for any all loss, damage, or liability arising from the use of the **ski machine** and skiing or snowboarding equipment (as described in paragraph 2 of this contract), including, but not limited to losses or injury caused by the negligence of Snowlike studio, LLC and its employees, officers, or agents; _____ () **INITIALS**

If I do not fully accept each of the conditions contained herein the above named minor(s) will not be allowed to use the **ski machine** and will not be permitted to take instruction from any officer or employee of Snowlike studio, LLC or use the **ski machine** for practice; _____ () **INITIALS**

I understand that there are inherent and other risks involved in learning and practicing the sports of skiing and snowboarding, and that injuries are a common and ordinary occurrence of these activities, and I freely assume those risks; _____ () **INITIALS**

I understand that the snowboard/binding system will not ordinarily release during use, nor is it specifically designed to release as the result of forces induced during ordinary operation, and is therefore absolutely no guarantee of safety of the above named minor(s); _____ () **INITIALS**

If any provision of this contract should be unenforceable for any reason it is agreed that all remaining provisions shall remain in full force and effect; _____ () **INITIALS**

I have carefully read this agreement and liability release contract, I fully understand its content and I have had the opportunity to ask questions I may have, and my signature below is made of my own free will.

Print Name: _____ Address: _____

City, State, Zip: _____ Email: _____

Add to our mailing list – Circle: YES NO

SIGNATURE _____ **Date** _____