

Vamps WINTER 2016/17

Name _____

Best Phone # _____ Email _____

COSTS:

_____ December only \$120
_____ Jan/Feb only \$240 + \$25* = \$265
_____ Dec. Jan. and Feb. \$340 + \$25* = \$365 (includes \$20 volume)discount

* We are assessed a \$25 fee for the use of the Lake Creek Hut- bathrooms, indoor meeting room, strength exercise room, mirrors for technique, microwave and fridge, warmth on cold days!

DECEMBER Classes at GALENA

_____ Tuesdays 9:45 am
_____ Thursdays 9:45 am

JAN/FEB Classes at LAKE CREEK

_____ Tues. 9:45 am- **AMPS**- skate
_____ Tues. 12:00 pm **TRAMPS** skate
_____ Wed. 9:45am **Ej's Group Jan is Skate and Feb is Classic**
_____ Wed. 9:45am- **SUPERTRAMPS**- skate
_____ Wed. 12:00 pm- **V2's** skate
_____ Thurs. 9:45am- **TRAMPS** classic
_____ Thur 9:45am: **SCAMPS** classic
_____ Thur.. 12:00pm- **SCAMPS** skate

_____ **Check** - write checks to **Galena Lodge** Amount of Check _____

_____ **CREDIT CARD** (visa or mastercard only)

CC#- _____ Exp. Date: _____

Billing Zip Code _____ Amount to be charged _____

Galena Lodge Waiver

I accept and clearly understand that there are inherent and other risks involved in the sport of skiing, that injuries are a common and ordinary occurrence and I freely accept these risks.
I agree to hold harmless and indemnify Galena Lodge, its employees, owners and/or agents thereof from any and all liability for damage and injury to myself or any person or property resulting from negligence, installation, maintenance, the selection, adjustment, and use of the Nordic ski equipment, the use of any other equipment rented to me or provided to me by Galena Lodge and/or any of their employees or from the performance of any work, in the nature of binding adjustment or otherwise, performed by Galena Lodge and/or any of their employees on any equipment I may be using, accepting myself full responsibility for any and all such damage, injury, or death which may result.

Signed _____ Date _____

Emergency Contact _____ Phone # _____

Bring forms and payment to 1st winter class or send to:

Erin Zell
Galena Lodge
15187 HWY 75
Ketchum, ID 83340

Or email to :

erin@galenalodge.com

**SUN VALLEY SKI EDUCATION FOUNDATION FACILITY USE WAIVER
For Lake Creek Training Center and Trail System, 2016-17**

Participant's First and Last Name: _____ Age: _____

Date of Birth: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Emergency Contact: _____ Cell Phone: _____

**RELEASE
PLEASE READ CAREFULLY BEFORE SIGNING**

I, signing on my behalf understand that **use of the SVSEF Lake Creek Training Center and Trail System** involves the possibility of personal injury and property damage. I understand there may be obvious hazards or hazards that are not obvious and not marked with respect to activities conducted at the Lake Creek Training Center and Ski Trails and I freely choose to participate in all the scheduled activities of the Vamps Program and completely assume all risk. In consideration of being allowed to participate with the VAMPS program at the Lake Creek Training Center and on the Lake Creek Trail System, I release, waive, discharge from any and all liability, indemnify and hold harmless from any and all claims (the "release") the Sun Valley Ski Education Foundation, Inc., an Idaho nonprofit corporation, the United States Ski and Snowboard Association, Galena Lodge and its employees and patrons, Blaine County Recreation District, the United States Forest Service, Bureau of Land Management and any other political subdivision of the United States, State of Idaho or Blaine County, and all those entities officers, directors, employees, volunteers and agents or representatives of any kind (collectively all the above released parties referred to as "SVSEF"). The term "claims" shall include, but not be limited to any and all attorney fees, awards, claims, costs, damages, demands, expenses, injuries, judgments, liabilities, losses, obligations and recoveries by me, by my family and/or a third party for personal injury and/or property damage to me or others arising out of or related to participation and/or any participation in the Vamps Program.

I sign this release of my own free will. This release shall bind me, my family, heirs, personal representatives, successors, trustees and assigns. This release shall be interpreted neutrally and ambiguities, if any, shall not be construed against SVSEF. If any term of this release is determined to be invalid for any reason, all other terms shall remain in full force and effect. This release shall only be modified in writing, signed by SVSEF and no statements or course of conduct shall modify it. I am aware that I am releasing certain legal rights for me and others. I have carefully read and fully understand the above content. I also agree that SVSEF shall have the right to take, use, publish and reproduce any photos or videos of me.

Signature of Participant: _____