

# Winter Registration Card

Child's Full Name: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mom Phone: \_\_\_\_\_

Dad Phone: \_\_\_\_\_

Person(s) authorized to pick up child:  
\_\_\_\_\_  
\_\_\_\_\_

Person(s) **not** authorized to pick up child:  
\_\_\_\_\_

**ALLERGIES/EMERGENCY ACTION (INSECTS/FOOD):**

\_\_\_\_\_

WARNING: Under Virginia law, a ski area operator or other winter sports area operator is not liable for an injury to or death of a winter sports participant in a winter sport conducted at this location, or for damage to property, if such injury, death, or damage results from the inherent risks of the winter sport or from the participant's own negligence. The inherent risks of a winter sport include, among others, risks associated with the land, equipment, other participants, and animals, as well as the potential for you or another participant to act in a negligent manner that may contribute to the injury, death, or damage. You are assuming the inherent risks of participating in a winter sport at this location. Complete copies of the applicable Virginia law and the participant responsibility code published by the National Ski Areas Association are available for review at each ticket sales office of this winter sports area and online at [wintergreenresort.com/wintersportssafetyact](http://wintergreenresort.com/wintersportssafetyact)

\_\_\_\_\_ **Wintergreen Resort Consent for Use of Photography** I have permitted Wintergreen Resort to use the photo/likeness of my child for use in advertising, the resort website, in-house programming on Channel 10 and social media. I agree not to make any claim or demand in connection with the use of this photography.

I understand that my child will participate in the activities indicated on this form. I understand the risks and dangers that are involved in these activities. I agree to be responsible for any injuries that may occur to my child and resulting medical expenses that may result from these activities. I agree to indemnify and hold harmless Wintergreen Resort, its officers, directors and employees against any claims, losses or expenses they may incur as the result of my child's participation in these activities including medical expenses, court costs and reasonable attorney's fees. In the event my child is removed from these activities for reasonable cause, I will promptly pick up and remove my child from this program.

Name Parent/Guardian (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_