



## **Summer Session 2017**

### **July 10 through August 21, 2017**

The Tahoe Cross Country Ski Education Association offers our Junior Mt Riders Program to provide children with a safe and positive opportunity to experience and grow in the sport of mountain biking. Our program focuses on instruction, practice, and fun to both entertain and enrich kids in a healthy, athletically active environment. We're very happy to provide this opportunity to local youth. Mt. Biking is the perfect activity to help condition your body outside of the cross country ski season.

#### **Can I join?**

This program is open to all young athletes ages 7-11 who are motivated to mountain bike ride. Sessions will be divided by ability levels to ensure appropriate rides while at the same time maintaining a fun team environment. Riders should be able to ride at least 4 miles and be riding a geared Mt Bike. 6 year olds will be considered depending on ability level.

#### **Schedule**

Rides will be every Monday from 4:30pm until approximately 6:00pm at Tahoe Cross Country Ski Area.

**July 10, 17, 24, 31 & August 7, 14, 21**

#### **Equipment**

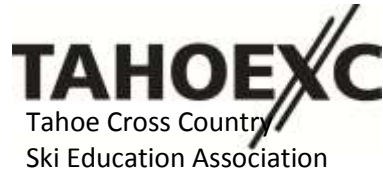
Riders need a geared mountain bike, helmet, spare inner tube, eye protection, gloves, water bottle or camelback, snack, closed toed shoes, and layered clothing appropriate for conditions.

#### **Dues and Registration**

Program dues are \$60 for 7 weeks or \$10 drop-in fee.



Tahoe Cross Country  
Ski Education Association  
[www.tahoexc.org](http://www.tahoexc.org)  
530.583.5475



## Junior Mt Riders Program Registration

Please complete and bring forms with you to the first day of riding

Child Name: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Parents 1 Cell #: \_\_\_\_\_ Parent 1 Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Parents 2 Cell #: \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_

Do we have permission to share your contact information on a program roster (circle)? Yes No

( ) Summer 2017 Program \$60.00 (includes Tech T) Size: S\_\_\_\_ M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_ (Youth Sizes)

( ) Drop-in \$10.00 (Only need to complete this form once)

( ) Drop-in Tech T Shirt \$10.00 (Optional)

Total Fees: \$\_\_\_\_\_

**Payment with check:** Check # \_\_\_\_\_

---

**Credit Card Payment:** (circle one) Visa Mastercard Discover

Card Holder Name: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code (last 3 digits on back of card): \_\_\_\_\_

Credit card billing address (including city/zip): \_\_\_\_\_

---

Signature of Card Holder: \_\_\_\_\_

List of completed forms:

1. Jr. Mt Riders Program Registration Form
2. Special and Limited Power of Attorney/Photographic Release
3. Release of Liability and Waiver

## Special and Limited Power of Attorney Medical Release

Family Name: \_\_\_\_\_

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

I, \_\_\_\_\_ am the parent or legal guardian for above said minor, and I hereby make and appoint the Tahoe Cross Country Ski Education Association staff my true and lawful attorney for me in my name to perform any emergency medical care hereinafter set down as fully as I might if personally present with full power of substitution and revocation. I am hereby ratifying and confirming my entire said attorney should do or cause to be done by virtue of this power and assume all financial responsibility for the same.

**I authorize said attorney to authorize any and all medical and hospital care and treatment deemed necessary by a duly licensed physician for the health and well being of my child named above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Please circle  
(parent/legal guardian)

List ALL important medical information including allergies to food or medicine, asthma, diabetes, seizure disorders, special physical conditions, dietary and medications for your child:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Emergency Contact if parent/guardian can't be reached \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Family Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### *Photographic Release*

I also understand that photographs or video recording may be taken of my child during the programs. I give Tahoe Cross Country Ski Education Association permission to use any such material for advertising or in promotional materials.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TAHOE CROSS COUNTRY SKI EDUCATION ASSOCIATION  
AGREEMENT AND RELEASE OF LIABILITY, TERMS AND CONDITIONS**

I understand that mountain biking, cross country skiing, snowshoeing, roller skiing, and hiking are hazardous sports, and that there are inherent and other risks involved in these and other activities and during transportation that I may be exposed to during my participation in the activity or class. I understand that injuries are a common and ordinary occurrence of the sports, and I freely and voluntarily ASSUME THOSE RISKS. I understand that there are natural and manmade obstacles or hazards, objects, equipment failure, surface and environmental conditions, and other risks which in combination with my actions can cause very severe or occasional fatal injury. To the fullest extent allowed by law, I agree to **RELEASE, DEFEND AND INDEMNIFY** Tahoe Cross Country Ski Area, Tahoe Cross Country Ski Education Association, their associates, owners, agents and employees (collectively referred to as "Tahoe Cross Country"), from any and all liability for damage or injury to myself or to any person or property while skiing, biking, racing, or training at Tahoe Cross Country. I agree to be bound by this agreement even if such damage or injury is due to Tahoe Cross Country's alleged NEGLIGENCE. I agree to read, observe, and abide by the Skier's Responsibility Code, the Placer County Skier's Responsibility Code, and all posted notices, warnings and signs, and agree to all of the terms and conditions of Tahoe Cross Country. I have no medical or physical condition, which to my knowledge, would endanger others or myself if I participate in this program, or would interfere with my ability to participate in this program or event. I agree, for myself and my successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence. This agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provisions herein or as consent to any subsequent waiver or modification. This agreement is governed by the laws of the applicable state or province. If any part of the agreement is determined to be enforceable, all other parts shall be given full force and effect. I expressly agree to assume all risks of injury and to release from liability and never sue Tahoe Cross Country Ski Area, Tahoe Cross Country Ski Education Association and all agents regardless of cause (including negligence).

This document is a legally binding contract which supersedes any other agreements or representations by or between the parties and which is intended to provide a comprehensive release of liability, but it is not intended to assert claims or defense which are prohibited by law.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THIS AGREEMENT AND RELEASE OF LIABILITY, AND AGREE THAT IT IS A CONTRACT THAT IS LEGALLY BINDING UPON ME, MY HEIRS, GUARDIANS, ASSIGNS AND LEGAL REPRESENTATIVES.

Name of participant (print) \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

**CONSENT AND RELEASE OF PARENT OR GUARDIAN**

I am the parent or guardian. My child is fit to participate in TCCSEA programs, and I consent to my child's participation. I **HAVE READ AND I UNDERSTAND THE ABOVE CONDITIONS AND RELEASE OF LIABILITY**. Whether caused by the negligence of the released parties or others, I **PROMISE NEVER TO SUE TAHOE CROSS COUNTRY SKI AREA OR ANY RELEASED PARTY** on my behalf or on behalf of my child regarding any claim arising from my child's participation in this program.

Signature of Parent or Guardian \_\_\_\_\_ Today's' Date \_\_\_\_\_

Name (Print) \_\_\_\_\_