



Winter 2027

Cascade Ski School, Inc.

Enrollment Form

Email completed form to: info@cascadeskischool.com - you will be emailed an invoice that can be paid electronically. Or, mail check to: Cascade Ski School, PO Box 3326, Renton WA 98056.

Registration Deadline — December 1, 2026— **Enrollments accepted on a space-available basis**

Student Name _____ Age (as of 1/1/2027): _____
Last Name (Please Print) First Name

Parent Name (if under 18) _____ Gender: Male: ☐ Female: ☐ Other: ☐

Primary Phone _____

Emergency Contact Name _____ Emergency Contact Phone _____

Address _____

City _____ State _____ Zip _____ Email Address _____

Preferred Day of Lessons: _____ Program Number/Description: _____

Saturday ☐ Sunday ☐

If the program on your preferred day is not available, are you flexible? Yes ☐ No ☐

Skiing Ability (check one)

- ☐ 1 Never Skied
- ☐ 2 Wedge (magic carpet)
- ☐ 3 Wedge Turns (beginning chair)
- ☐ 4 Wedge Christy
- ☐ 5 Wedge Christy w/ Pole Use
- ☐ 6 Beginning Parallel
- ☐ 7 Parallel
- ☐ 8 Dynamic (Advanced) Parallel
- ☐ 9 Expert All Terrain, All Conditions

Snowboard Ability (check one)

- ☐ 1 Beginner/Preliminaries
- ☐ 2 Basic Turns
- ☐ 3 Skidded Turns
- ☐ 4 Dynamic Skidded Turns
- ☐ 5 Beginning Carved Turns
- ☐ 6 Dynamic Carved Turns

Lifts Used

- ☐ None
- ☐ Magic Carpet/Rope Tow
- ☐ Beginner Chair Lift
- ☐ Chair Lift
- I Am**
- ☐ Conservative
- ☐ Moderate
- ☐ Aggressive

Additional Requests: _____

New Students: In the space below, please provide any additional information below about years of skiing experience, prior lessons taken, or anything that would help us determine your class placement

Returning Students: Let us know if your ability has changed since your last lesson with us.

Participation Agreement:

I accept my responsibility to ski safely at all times, to abide by the Skier & Rider's Responsibility Code (found at www.summitatsnoqualmie.com/mountain-safety/slope-safety) and to obey all posted behavior notices and other ski area rules and policies.

Since all instruction and class space is reserved for entire season, there are no refunds or make-up lessons if a student misses a class. There may be unforeseen circumstances or conditions which will force the ski school to postpone or cancel a session or sessions. In the event of postponement, make-up lessons will be scheduled and the ski season will automatically be extended until all lessons are completed; so plan for a possible extended ski season. If we are forced to cancel and the program is not completed, we will prorate and refund tuition fees less the number of weeks ski school operated.

TUITION does not include lift tickets, transportation, ski equipment, clothing or lunch.

MEDICAL INSURANCE: All students are required to have medical or accident insurance which covers skiing.

I understand the above Participation Agreement, and I have received, read, signed and returned the "Release of Liability" form to Cascade Ski School, Inc. (initial) _____



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Release of Liability

Release of Liability Agreement: I recognize that skiing and snowboarding are hazardous sports that can result in serious injury, including but not limited to, traumatic brain injury (TBI), paralysis, or death. I accept the risks of skiing/snowboarding and the risks of the ski area and mountain environment.

On behalf of myself and/or my minor child, I agree that I will not sue or make a claim against Cascade Ski School Inc., Boyne USA Inc., or any of its owners, officers, agents, or subsidiaries, including but not limited to, Ski Lifts Inc., and the U.S. Government or any of (their/its) employees, agents contractors, subsidiaries, officers ("Released Parties") for any loss, liability, injury, death or damage resulting from any cause, including NEGLIGENCE AND BREACH OF WARRANTY, which arises out of my and/or my child's participation in any activity at the ski area, including but not limited to, use of the slopes, equipment (including chairlifts) or any of the facilities or services on the premises, and for travel to and from the ski area.

On behalf of myself and/or my minor child, I further agree to RELEASE, HOLD HARMLESS, DEFEND and INDEMNIFY Cascade Ski School Inc., Boyne USA Inc., or any of its owners, officers, agents, or subsidiaries, including but not limited to: Ski Lifts Inc. and the U.S. Government or any of (their/its) employees, agents contractors, subsidiaries, officers ("Released Parties") for any loss, injury, liability or damage which may arise out of my and/or my child's participation as described above, including claims based on NEGLIGENCE OR BREACH OF WARRANTY. This release is also binding as to any other person, including all family members, heirs, and executors. I further agree that this agreement shall be governed by the laws of the State of Washington without regard to choice of law rules, and that exclusive jurisdiction and venue shall be in the state or federal courts of King County, Washington.

If I am signing on the behalf of a minor, I accept full responsibility for all medical expenses, damages and claims related to -- the minor's participation in any activity as described above. I agree to RELEASE, HOLD HARMLESS, DEFEND and INDEMNIFY the Released Parties from all claims brought by or on behalf of the minor, including claims based on alleged NEGLIGENCE AND BREACH OF WARRANTY. Should any claim be brought in contravention of this agreement, I agree that I shall be liable to the Released Parties for any and all legal expenses, INCLUDING ATTORNEY FEES, incurred by the Released Parties in defending this matter.

Students may ride a chair lift with the skiing public in a variety of weather conditions. Students may ride the lift alone or with others. Chairlifts may change speed without warning and the seat may be slippery. Riders should conduct themselves in a manner to remain safely seated in those events, and take utmost care when loading and unloading the chairlift. Despite taking these precautions, I understand that falling from a chairlift, or becoming entangled with a chairlift, is a risk of skiing/snowboarding that cannot be eliminated from these activities without fundamentally changing the nature of the activities.

I have read, accept and agree to the conditions and responsibilities as outlined in the above Release of Liability Agreement.

X _____ /_____/_____
Signature of Student Printed Name Date Signed

X _____ /_____/_____
Signature of Parent/Legal Guardian (If Student under Age 18) Printed Name Date Signed