



SUN VALLEY SNOWSPORTS SCHOOL
“Her Turn” Women’s Clinics

Open to **INTERMEDIATE** to **EXPERT** skiers....All clinics will be held on Baldy. Meet at River Run Lodge 8:45 a.m. each morning.

2010 “Her Turn” Winter Women’s Clinic
February 5-7, 2010
2010 “Her Turn” Spring Women’s Clinic
March 5-7, 2010

ALPINE WORKSHOP INCLUDES:

- *Instruction to improve personal skills; on snow instruction 5 hours each day.
- *Free demos available throughout the day.
- *Lunch provided each day at River Run Lodge.
- *Video analysis and critique used in a positive, supportive environment.
- *Après ski party on the last day to celebrate. A great way to regroup to share your experiences with other group members.
- *Gift bag for all participants.

GOALS:

- *Share an enjoyable skiing experience with a supportive group of new friends and female instructors.
- *Develop ways to deal with fear and build self-confidence.....Improve personal skiing with the help of positive instructor feedback.
- *Ski the miles necessary to improve and achieve personal goals.

**“HER TURN” WOMEN’S CLINICS
2010**

Complete the following registration form and liability release, and return it with your payment to:
Sun Valley SnowSports School, PO Box 10, Sun Valley, ID. 83353 or Fax to (208) 622-2238.
Please call (208) 622-2289 for further information. **Registration must be received 5 days prior
to start of clinic.**

PLEASE PRINT:

NAME _____

MAILING ADDRESS _____ EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

LOCAL LODGING _____ PHONE _____

“Her Turn” 2010 WOMEN’S CLINICS

\$550

_____ “Her Turn” Winter Women’s Clinic February 5-7, 2010

-or-

_____ “Her Turn” Spring Women’s Clinic March 5-7, 2010

PRICE DOES NOT INCLUDE LIFT TICKET

TYPE OF PAYMENT: (Check One)

CASH _____ VISA _____ MC _____ AMX _____ DISCOVER _____ Sun Valley “J” CARD _____

ACCOUNT# _____ EXPIR DATE _____

AMOUNT OF PAYMENT _____ DATE _____

SIGNATURE _____

**CANCELLATION POLICY: Cancellation up to 7 days prior to clinic will result in a \$50
charge per person; less than 7 days will result in forfeiture of 50% of the total clinic cost.
Cancellation on the 1st day of the program will result in forfeiture of the full amount.**

*******PLEASE FILL OUT THE REVERSE SIDE*******

PLEASE SELECT YOUR SKIING CATEGORY:

To aid in forming groups, please indicate:

* The **TYPE** of skier you are **AND** select your **ABILITY LEVEL**

These choices **MUST** be made as you register.....Groups are formed before the program begins---adjustments may be made the first day.

SKIER TYPE: (PLEASE CHECK ONE)

1. _____ I like to ski in situations where I can slow down at any time, avoiding unwanted risks.
2. _____ I like to ski stylishly; more conservative with terrain selection.
3. _____ I like to ski athletically, finding situations that demand more effort and aggression.

ABILITY LEVEL: (PLEASE CHECK ONE)

1. _____ Skis are parallel most of the time. Beginning to ski faster and on steeper terrain.
2. _____ Comfortable on steeper terrain and beginning to explore moguls.
3. _____ Comfortable in challenging terrain and conditions.

AGE: _____ YEARS SKIING: _____

YOUR PERSONAL GOALS:

To overcome my fear of ?? _____

To learn to ski ?? _____

To improve my ?? _____

Additional goals/Comments: _____



**REGISTRATION FORM & PARTICIPATION AGREEMENT
SUN VALLEY SNOWSPORTS SCHOOL**

*P.O. Box 10 • Sun Valley, Idaho 83353 • Ring 208.622.2289 • Fax 208.622.2238
Office Hours – Weekdays 8:00 AM to 5:00 PM*

2010 “Her Turn” Women’s Clinic

Participant LAST Name

Participant FIRST Name

Mailing Address

City, State, Zip Code

Local Lodging

Room #

Arrival Date

Home Phone

Cell Phone

Email Address

I, the participant, to the fullest extent allowed by law, agree to fully release, indemnify, hold harmless, and to not sue **Sun Valley Company** and its parent, subsidiary, brother, sister, and other closely-related affiliate companies, and its and their officers, directors, employees, agents, successors, and assigns for any injuries or damages received while skiing, snowboarding, riding lifts, or using the ski area and/or its facilities (hereafter “skiing”), even if occurring as a result of the **negligence of Sun Valley Company**. I assume all of the risks of skiing including injuries or death. I agree to obey and follow all instructions and signs, ski within my ability and under control at all times, watch for changing weather, and observe and avoid all marked and unmarked hazards. I certify that I am physically fit and able to participate with or without reasonable accommodation. In the event of an injurious incident while attending SnowSports School, I give the Sun Valley Ski Patrol permission to secure medical assistance for me as it sees fit at my expense and responsibility. This release shall not apply to any “public duties” owed by **Sun Valley Company**. If any portion of this agreement is found to be unenforceable, all other parts shall remain in effect.

Persons under the age of 18 (minors) are required to have a parent, guardian or a responsible authorized adult (collectively referred to herein as “Authorized Adult”) read and sign this Agreement. To the fullest extent allowed by law, the Authorized Adult individually and on behalf of the minor(s) has read, understands, and expressly agrees to all of the terms of this agreement. The Authorized Adult agrees to pay all medical bills incurred by the minor(s) and waives all rights of subrogation.

I HAVE READ, UNDERSTOOD, AND VOLUNTARILY SIGNED THIS RELEASE AND INDEMNITY AGREEMENT.

Signature of Participant or Authorized Adult if Participant is a Minor

Date

If Signing for a Minor, PRINT First & Last Name

Phone