

# McCauley Adventure Program 2024

Here at McCauley Snow Sport School, we spend as much time having fun and teaching a love for skiing as we do techniques. We consider our Adventure programs our most important programs because this is where we introduce this great sport. We want to develop great skiers and racers for their next Adventures.

Page | 1 Adventure programs build the basics, starting with safety. Then fundamental capabilities are established, so children can develop dynamic skiing skills and an expanding awareness of the mountain environment. Social interaction, fun, and togetherness happen as a natural part of the learning environment.

## Little Bears, Ages 4-6

Ability: ●

## The Rockets, Ages 5-7

Ability: ●■

## Mountaineers Ages 6-12

Ability: ■

Groups are split by age, ability, and independence on the mountain. We reserve the right to combine groups and ages when needed. **Children entering our programs must be able to manage equipment, use rope tows or lifts unassisted and ski unassisted on easy green terrain.** Regular attendance is recommended for the best results.

## Lesson Dates:

We meet on 6 Saturdays from January 6<sup>th</sup> through February 24<sup>th</sup>. Sessions include training, games on snow and a fun race.

## Training Dates are as Follows:

January: 6<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup>

February: 3<sup>rd</sup>, 10<sup>th</sup>, 24<sup>th</sup>

Morning training begins at 9:30 AM and ends at 11:30 AM. On January 6<sup>th</sup> class we will assess skiing ability to determine group placement.

## Costs:

- 6 Two Hour Lessons \$375
- Ski Equipment (If needed inquire at rental shop)

## Other Requirements

Health Information Form on file prior to the beginning of the season. Please fill out the Medical Information & Release Form and submit it with your payment.

Contact Ted Christodaro or our Program Director with your questions.

# McCauley Adventure Program 2024

**McCauley Mtn. SnowSport School**  
P.O. Box 390  
Inlet, NY 13360  
Ski School: (315)369-3144  
Pedals & Petals (315)357-3281  
Email: info@pedalsandpetals.com

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## 2024 McCauley Mtn. SnowSport School Registration Form

Mail completed forms to the address above.  
You will be asked to fill out a liability release prior to the start of the program.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

*4-year-olds must be four on or before January 1, 2024 \*Proof of Age Required\**

Parent or Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

### Skiers Ability (**Skiers must be able to use rope tow unassisted to be in the program**)

Skied a few times, has not mastered the wedge, can do the rope tow alone

Wedge stops but cannot wedge turn, can do the rope tow alone.

Wedge stops and turns, can do the rope tow alone

Wedge stops and turns, rides a chairlift on beginner terrain.

Wedge stops and turns on intermediate terrain.

Wedge Christy, is starting to match skis on intermediate terrain

Parallel turns on most intermediate and advance terrain

Amount Charged: \$ \_\_\_\_\_ Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV#: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

### **FOR McCauley Mountain Ski Shop USE ONLY**

Amount Paid: \$ \_\_\_\_\_ Method: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Accepted By: \_\_\_\_\_

# McCauley Adventure Program 2024

## Medical Information & Release Form

Note: No Skier will be allowed to practice with the Class unless this form is returned to the McCauley Mtn. Ski Shop.

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

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth date (M/D/Y): \_\_\_\_\_ Age: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

(if other than above): Address: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

(if other than above): Address: \_\_\_\_\_

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

Emergency Contact (other than parents): \_\_\_\_\_ Phone: \_\_\_\_\_

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Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are you taking any medications? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Please give the date of your last immunization for Tetanus \_\_\_\_\_

Are you up to date on all other immunizations as required by New York State Department of Education athletic policies? Yes \_\_\_\_ No \_\_\_\_

Is there anything medical we should know about? Please be specific.

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# McCauley Adventure Program 2024

Please read the following authorization, sign, and return it to McCauley Mtn. Ski Shop. Thank you.

## AUTHORIZATION FOR THIRD PARTY

(To consent to treatment of minor lacking capacity to consent)

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I/we, the undersigned, parent(s)/person having legal custody of/legal guardian of \_\_\_\_\_ a minor, do hereby authorize the McCauley Mountain Ski Shop, dba. as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by is given to provide authority to power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment deem advisable.

I/we hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to my/our above-named agent(s) upon completion of treatment.

These authorizations shall remain effective until April 30, 2024, unless sooner revoked in writing and delivered to said agent(s).

Signature of parent(s)/legal guardian(s)/person(s) having legal custody

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

If signed by other than parent, please indicate relationship. \_\_\_\_\_

Send completed forms to:

Pedals & Petals/McCauley MT. Ski Shop  
Attn: Adventure Program  
P.O. Box 390  
Inlet, NY 13360

# McCauley Adventure Program 2024

## WINTER SPORTS ACTIVITIES RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

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I, \_\_\_\_\_, or my child (collectively referred to as “I” or “my”) have voluntarily applied to participate in winter sports activities and/or other recreational activities, including skiing, snowboarding, all other snow sports, racing, special events, instruction, and all activities (collectively referred to as “the activities”) at McCauley Mountain Ski Shop. I understand that my participation in the activities poses risks of INJURY and DEATH to me and/or my property. These risks include, but are not limited to, variations in terrain and variable snow conditions, use of ski runs, use of rental equipment, loss of control, encounters or collisions with trees, rocks, fences, racing gates, finish posts, timing equipment, terrain features (natural or man-made), other participants in the activities and/or spectators, snowmaking or snow grooming equipment and their components, snowmobiles and other vehicles, all manmade or natural obstacles (padded or not) whether they are obvious or not, as well as use of terrain parks, halfpipes, rails, and their features. These obstacles and other risks also include, but are not limited to, bare spots, bumps, moguls, ice, terrain park features, stumps, forest growth and debris, rocks, subsurface conditions, erosion control devices, and other slope hazards and obstacles. Despite the risks involved, and in consideration of the right to participate in the activities, I VOLUNTARILY AGREE TO EXPRESSLY ASSUME ALL RISKS OF INJURY OR DEATH that might be associated with participation in the activities or any use of the facilities at McCauley Mountain Resort, including, but not limited to, chairlifts, surface lifts, or other mountain transportation, and participating in the activities beyond the ski area boundary (collectively referred to as “use of the facilities”).

I further understand that I may encounter various manmade and natural terrain features during participation in the activities or use of the facilities. I further understand that using terrain features may result in my body becoming inverted (either deliberately or involuntarily) and that inverted maneuvers may result in injury or death. I understand that I must inspect the elements and terrain before I ski or ride over them to evaluate the risks and degree of difficulty before participating. I understand that throughout the day snow conditions and terrain features will change. I also agree that I will always use a retention device, including while skiing, riding, or hiking in the ski area.

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In consideration for being permitted to participate in the activities, I AGREE TO RELEASE FROM ANY LEGAL LIABILITY AND AGREE NEVER TO SUE McCauley Mountain Ski Shop, Pedals & Petals inc., McCauley Mountain Operations Management, The Town of Webb, and their owners, investors, officers, directors, managing agents, employees, agents, landowners and all affiliated companies (collectively referred to as "McCauley Mtn. Ski Shop") for injury or death resulting from my participation in the activities or use of the facilities, regardless of the cause, to the fullest extent allowed by law, including the alleged NEGLIGENCE of McCauley Mtn. Ski Shop. I further agree to defend, indemnify, and hold harmless McCauley Mtn. Ski Shop for any claims, lawsuits, damages, attorney fees, costs or judgments arising out of my participation in the activities or use of the facilities.

I UNDERSTAND THIS IS A RELEASE OF LIABILITY THAT IS VALID FOREVER, which includes any time I choose to participate in the activities or use the facilities at McCauley Mountain Resort. I understand that this RELEASE OF LIABILITY will prevent me, my child, or my heirs from filing suit or making any claim for damages in the event of injury or death from my participation in the activities. Additionally, in the event I file or my child or my legal representative files a claim or a lawsuit arising out of participation in the activities or the use of the facilities at McCauley I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS McCauley Mtn. Ski Shop for any damages, attorney's fees or costs arising out of such a claim or a lawsuit. With a full understanding of this agreement, I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my child, my heirs, assigns and legal representatives.

I hereby authorize the use and reproduction of my image and/or likeness by McCauley Mtn. Ski Shop and its authorized representatives, without compensation or restriction, and that any images or video will remain the exclusive property of McCauley Mtn. Ski Shop. If I am a PHOTOGRAPHER, I understand that images I take at McCauley may be used by McCauley Mtn. Ski Shop at any time. I understand and agree that this agreement is severable and that if any clause is found to be invalid, the balance of the contract will remain in effect and will be valid and enforceable. I agree that any action will be brought in the County of Herkimer, State of New York, or alternatively, in a court of competent jurisdiction in the State of New York. Any disputes will be subject to and determined under the laws of the State of New York.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Prospective applicants under the age of 18 years are required to have a parent or legal guardian read and sign, verifying that both parent/guardian and applicant have read and/or understand the terms of this agreement and will be bound by its terms.

Print Name of Parent/Legal Guardian \_\_\_\_\_ Relation \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**THIS IS A RELEASE OF LIABILITY DO NOT SIGN IT IF YOU DO NOT AGREE TO BE BOUND BY ITS TERMS**