



# Coffee Mill

## Ski & Snowboard Resort

Group

**M T W T F S S**

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

### SKIER INFORMATION

Name LAST NAME FIRST NAME  
 Street  
 City State Zip  
 Phone # Driver's Lic#  
 Age Height ft. in. Weight lbs. Sex  Male  Female  
 Skier Type  1  2  3 Snowboard Stance  Regular  Goofy

#### Acknowledgement of Personal Information and Equipment Rental and Liability Release Agreement

The information above is accurate, true and correct. I will not use any of the equipment until I fully understand how to use it and it's function.

I accept for use as is the equipment listed on this form and accept full responsibility for the care of the equipment while it is in my possession, and I agree to reimburse Coffee Mill Ski Area for any loss or damage other than reasonable wear resulting from use.

I understand that the sport of skiing and snowboarding involve inherent and other risks of INJURY and DEATH. I voluntarily agree to expressly assume all risks of injury or death that may result from skiing or snowboarding, which relate in any way to the use of this equipment.

I understand that the binding furnished herewith are bindings designed to reduce the risk or degree of injuries from falling and that despite the fact that adjustments have been made, I also understand that the binding will not release under ALL circumstances and are no guarantee for my safety, and I assume all risks associated with the bindings.

I furthermore release Coffee Mill Ski Area Inc. from any liability for damage and injury to myself or to any person or property resulting from negligence, the selection or adjustment of equipment by Coffee Mill Ski Area staff and the use of this equipment by me, accepting unto myself the full responsibility for any and all such damage or injury.

I understand that helmets may reduce or mitigate the severity of head injuries to the renter, but they are in no way a guarantee of safety. I further recognize that helmets have limited capability as far as shock absorption and that serious injury or death can result from both low and high energy impacts, even when a helmet is worn, and I assume all risks associated with the use of or lack of use of a helmet.

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

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

If under 18, Signature of Parent/Legal Guardian required

	Number	Size	Amount
<input type="checkbox"/> Ski Package			
<input type="checkbox"/> Skis only			
<input type="checkbox"/> Poles only			
<input type="checkbox"/> Helmet only			

	Number	Size	Amount
<input type="checkbox"/> SB Package			
<input type="checkbox"/> SB only			
<input type="checkbox"/> Boots only			
<input type="checkbox"/> Helmet only			

Setting Heel Toe

Issued by: Ticket booth Ski Tech Other