



**Mountain Biking for 5 & 6 year olds!**

**2022 Mini Riders Mountain Biking Program Registration:**

We are pleased to offer our Mini Riders mountain bike program at Crested Butte Mountain Resort again this summer! Developed for young riders ages five and six years old who can ride a pedal bike and are looking to build a foundation of skills that will transport them enthusiastically and safely into the sport of mountain biking. Under the guidance of our professional coaches, there is no better way for your child to experience the thrill of mountain biking in a supervised and controlled environment.

Our trained coaches will work with these young athletes across our beginner and intermediate skills zones located at the resort. This program is aimed to build foundational skills that will remain with these kids as long as they yearn to bike.

The day will be focused on biking skills and progression, but at this age we keep it all about fun! A variety of activities in the Adventure Park and around the resort will be available to mix it up as interest, weather and fatigue warrants. Whether or not athletes ride the lift to bike in the park will depend on the skill of the athletes as determined by the coaches and staff. It should be expected that sufficient time will be spent in the skills area around the base of the mountain where young athletes can best develop skills and confidence. \*\*Please note we will not be operating on black and double black trails this summer\*\*

A good fitting bike specific helmet, closed toe shoes (sneakers), water bottle or hydration pack, lunch, gloves, and eyewear are also required. Elbow and knee pads are strongly encouraged. Lift access is included. Programing will be based out of the CBMR base area.

First: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_ Ages (5-6 only): \_\_\_\_\_ Gender (optional): \_\_\_\_\_

**Experience Level (check all that apply):**

**I am able to ride a pedal bike without assistance (required.)**

Street/Neighborhood?  Pump Track?  Hot Dogger trail?  Lower Loop?

Do you have a bike? Yes No

If no please rent an appropriate size bike that the rider can stand flat footed on the ground while seated on the bike seat.

**Program Dates:** Tuesdays, Thursdays and/or Fridays, June 14th - August 19th 2022. 9:00am-4:00pm

Full Program 1 day a week all summer (10 weeks) (select one) **\$969 + tax.**

Tuesday

Thursday

Friday

Build your own schedule **\$110/day + tax.**

Please list dates if you are building your own schedule:

**Please select if either apply to your child:**

Winter Athlete Discount: 10% off- For kids that participated in a winter 21/22 ski/ride seasonal program with CBMR. (\$873/\$99)

Employee Discount: 30% off -for dependents of active Summer Vail Resorts Employees (\$679/\$77)

**Please send Registration to [CBMtnAdventures@Vailresorts.com](mailto:CBMtnAdventures@Vailresorts.com)**



## Mini Riders 2022 Registration Form

**Childs Name:** \_\_\_\_\_

**Family Information:**

Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

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

**Emergency Contact** (anyone other than the parents traveling with the family or lives locally)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Others Authorized to Pick-Up** (other than parents, if applicable)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical History**

List any medical/behavioral information CBMR should be aware of: \_\_\_\_\_

\_\_\_\_\_

List any know drug or food reactions or allergies: \_\_\_\_\_

\_\_\_\_\_

Does your child carry an Epi-Pen? YES NO. Does your child carry an inhaler? YES NO

Will your child bring any medications to camp? YES NO If Yes, Please List \_\_\_\_\_

**Beginner and Intermediate Acknowledgment**

This summer, Mini Riders will not be offering Advanced and Expert Mountain Biking due to [our partnership with CB Devo](#). We will only be operating on Green and Blue trails. Please acknowledge this below if your child is attending bike camp.

I acknowledge there will be NO mountain biking on Black or Double Black terrain this summer with Mountain Adventures Summer camp, regardless of child's ability. Even if my child advances in skill level to be able to ride these advanced trails, they will remain on Blue trails.

Initials \_\_\_\_\_ Date \_\_\_\_\_

Childs Name \_\_\_\_\_

**Authorization for Emergency Medical Care**

I hereby give my permission to camp officials to contact a doctor or emergency medical services on behalf of my child and for a doctor, hospital or medical service to provide emergency medical or surgical care for my child.

Should an emergency arise, it is understood that camp officials will make a conscientious effort to locate the emergency contacts listed below before any action is taken. If it is not possible to locate the contacts, I will accept the expense of emergency medical or surgical treatment.

Initialed \_\_\_\_\_ on this date \_\_\_\_\_

**Hospital of choice is: Gunnison Valley Health 711 N. Taylor St. Gunnison CO. 81230 (970) 641-1456**

**Sunscreen Permission**

Please apply sunscreen to your child in the morning and include a labeled bottle for reapplication. If, for some reason, this sunscreen is unavailable I give permission to apply sunscreen provided by Camp CB to my child.

Initialed \_\_\_\_\_ on this date \_\_\_\_\_

**Fever Policy**

We're doing everything we can to keep everyone healthy. Please keep our health guidelines in mind before enrolling your child in our programs. Children showing any signs of illness (i.e. cough, runny nose, upset stomach, diarrhea, fever, etc.) will not be allowed to participate in our program for at least 24 hours after they are free of all symptoms. Our fever policy is as follows: Your child must be fever-free, without medication, for a full 24 hours before participating in our children's programs.

Initialed \_\_\_\_\_ on this date \_\_\_\_\_

**Cancellation Policy**

Children registered for the Mini Riders full program will not receive partial refund based on absences but can make those days up on alternative dates, pending availability.

Children enrolled in the build your own program may receive full refund if given 48 hour notice and no refund if cancelling within 48 hours.

Refunds due to injury and illness will be assessed on a case-by-case basis.

Initialed \_\_\_\_\_ on this date \_\_\_\_\_

**CHILDREN'S DAY CAMP & CHILD CARE**  
**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK & INDEMNITY AGREEMENT**

**WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!**  
**THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS**

1. My child is participating in a recreational day camp and/or child care. I understand that participation involves a number of recreational activities, which may include zip lining, rock climbing, ropes/challenge courses, bungee trampoline, road or mountain biking, using a bike park, rollerblading, kayaking, canoeing, rafting, paddle boarding, hiking, golfing, frisbee golfing, archery, horseback riding, caving, rock climbing, swimming, ice skating, camping, field trips, transportation by motor vehicle, martial arts, archery, laser tag, petting zoo, bounce houses, miniature golf and other recreational activities (the "Activity"). I understand that **PARTICIPATING IN THE ACTIVITY AND USING SKI AREA FACILITIES, INCLUDING THE LIFTS, FOR ANY PURPOSE, CAN BE HAZARDOUS AND PRESENTS A RISK OF PHYSICAL INJURY OR DEATH.**

2. I ACKNOWLEDGE THAT THIRD PARTY VENDORS, NOT AFFILIATED WITH THE RESORT, MAY PROVIDE AND OPERATE MANY OF THE ACTIVITIES AND THAT THE RESORT MAKES NO WARRANTIES OR REPRESENTATIONS REGARDING THESE PROVIDERS.

3. I EXPRESSLY ACKNOWLEDGE AND ASSUME ALL RISKS AND DANGERS associated with the Activity. I understand that the risks and dangers include, but are not limited to: the negligence of other participants and instructors; falling; equipment malfunction; sharing the facilities with others; not following the direction of the Activity provider or third party vendor's personnel; high speeds; slick or uneven surface conditions; variations in slope, surface and subsurface terrain; rugged mountainous terrain; bumps; stumps; forest growth; downed timber; rocks of various sizes; course and venue configuration and/or conditions; marked and unmarked obstacles; varying conditions; collisions or accidents when traveling by vehicle to/from an activity site; contact with wild animals or allergens; becoming lost or separated; forest and/or other fires; lightning, snow, storms and other adverse weather; strenuous activity; fatigue; exhaustion; dehydration; heatstroke; hypothermia; high elevation; and sickness or disease (including exposure to COVID-19).

4. IN CONSIDERATION FOR MY CHILD BEING ALLOWED TO PARTICIPATE, I AGREE TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE Vail Resorts, Inc., The Vail Corporation, each of their parent and affiliated companies and subsidiaries, the United States, the resort owner/operator, land owner, equipment manufacturer, and all their respective insurance companies, successors in interest, commercial and corporate sponsors, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") FROM ANY AND ALL LIABILITY and/or claims for injury or death to persons or damage to property arising from the Participant's participation in the Activity, INCLUDING THOSE INJURIES AND DAMAGES CAUSED BY ANY RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE (including failure to take reasonable steps to protect against the risks of the Activity) OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF ANY RELEASED PARTY TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT AGAINST THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITY. I TAKE FULL RESPONSIBILITY FOR ANY INJURY OR LOSS TO ME OR MY CHILD, INCLUDING DEATH, WHICH I OR MY CHILD MAY SUFFER, ARISING IN WHOLE OR IN PART OUT OF THE ACTIVITY.

I AGREE TO PAY ALL COSTS AND ATTORNEY'S FEES INCURRED BY ANY RELEASED PARTY IN DEFENDING A CLAIM OR SUIT BROUGHT BY ME, ON MY CHILD'S BEHALF, OR AS A RESULT OF MY CHILD'S PARTICIPATION IN THE ACTIVITY.

In consideration for allowing my child to participate in the Activity, I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT MY CHILD OR I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, including those of which I am not aware, those not mentioned in this release and those resulting FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.

5. I represent that my child is in good health and has no special problems with his or her physical or mental condition. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for my child which may be necessary and agree to be fully responsible for any associated costs.

6. I agree that ANY AND ALL CLAIMS FOR LOSS, INJURY AND/OR DEATH REGARDING AN ALLEGED INCIDENT SHALL BE GOVERNED BY THE LAW OF THE STATE WHERE THE ALLEGED INCIDENT OCCURRED AND EXCLUSIVE JURISDICTION SHALL BE IN THE STATE or federal court sitting in the district where the alleged incident occurred, except that all cases arising out of an alleged incident at (a) Heavenly Mountain shall be governed by California law and the exclusive jurisdiction of any such claim will be a California court of competent jurisdiction; and (b) Hunter Mountain shall be governed by New York law and the exclusive jurisdiction of any such claim will be in the Supreme Court of the State of New York, County of Greene or in the United States District Court for the Northern District of New York.

7. I represent that I am the parent or legal guardian of the child listed below and VOLUNTARILY GRANT PERMISSION FOR MY CHILD TO TAKE PART IN THE ACTIVITY. I acknowledge that I am signing this release on behalf of my child and that my child ALL BE BOUND BY ALL THE TERMS OF THIS AGREEMENT. I AGREE TO INDEMNIFY THE RELEASED PARTIES FOR ALL LIABILITY AND CLAIMS, INCLUDING ATTORNEYS' FEES, ARISING FROM ANY MISREPRESENTATIONS IN OR FRAUDULENT EXECUTION OF THIS AGREEMENT.

8. I understand that this release shall apply during every time my child participates in the Activity during the season and that this release shall be binding to the fullest extent permitted by law. If any part of this release is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. This release shall be binding upon my and my child's assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

**MINOR PARTICIPANT INFORMATION - Requires Parent/Guardian to Complete, Sign & Date Below**

MINOR #1 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	MINOR #2 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)
MINOR #3 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	MINOR #4 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)

**PARENT/GUARDIAN INFORMATION – Required to Complete, Sign & Date Below**

PARENT/GUARDIAN – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	<input checked="" type="checkbox"/> SIGNATURE OF PARENT/GUARDIAN	DATE
EMERGENCY CONTACT (print)	RELATION	PHONE NUMBER	