

# REGISTRATION

*Complete both sides and bring to demo.  
SWRA registration will be in the Lodge.*

SWRA, P.O. Box 83, Rocky Ridge, MD 21778

Cell: 202-341-5001 • www.sereps.org • marygkalis@gmail.com



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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Shop Email: \_\_\_\_\_

<input type="checkbox"/> Owner	<input type="checkbox"/> Manager
Name: _____	
Signature: _____	

Each Attendee must sign the back and attach proof of shop employment.

**Attendee Name (print)**

**Shop Position**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Shop Owner/Manager must complete form, sign form, and provide attendees with demo policies, and is responsible for compliance. Attendee must register for admittance to the Demo. On site registration requires photo ID and proof of retail employment. For retail staff Timberline offers complimentary lift ticket.

**SWRA ON-HILL BLAST REGISTRATION**  
 TIMBERLINE MOUNTAIN, DAVIS, WV  
**One Day Demo • March 4, 2024**



# 2024 SWRA ON-HILL BLAST ASSUMPTION OF RISK



Southeastern Winter Reps Association  
P.O. Box 83, Rocky Ridge, MD 21778 • Cell: 202-341-5001 • www.sereps.org



**Employees must sign, date this form, and attach a payroll check stub. Duplicate blank form for additional attendees.**

I/We, the undersigned, agree to assume the risk inherent in the use of the ski/snowboard equipment provided and that I/We do hereby release and hold SWRA, Timberline, member reps & their assistants, the manufacturers & distributors of the equipment, and their owners, agent, employers and employed harmless from any and all claims or cause of action related to or arising out of my use of any product and my voluntary participation in the on-snow demonstration of any such product. I/We understand that I/We are responsible for any and/or all damage to and the return of demo equipment, even if lost or stolen, which has been provided for my use. **If employee is a minor, parent/guardian must sign next to employee name.**

## PRE-REGISTERED EMPLOYEE

Name (please print)

Employee Signature

Date

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____