**Caroline Washam Women’s Gravity MTB Clinic**

**[www.skisugar.com/caroline](http://www.skisugar.com/caroline)**

**<http://spoked.squarespace.com/meet-caroline>**

Saturday, October 12, 2019

10 am – 4 pm

Ages: 15+, ladies only

Six hours of fun, girlfriends, and developing and improving mountain bike gravity skills with Caroline Washam, US Women’s Pro Gravity Tour Champion.

**Pricing for Clinic:**

* $175 without bike rental
* $225 with bike rental (includes full-face helmet and knee / shin & elbow pads)

Full-face helmets and knee pads are required and can be rented at an additional cost.

Personal mountain bikes should be in good working condition with good tires, brake pads, and drivetrain. Disk brakes and full suspension are required.

The camp is for all levels of ability; however, we recommend that participant has ridden on mountain bike trails at least once before

**Camp includes**

* Full Day lift ticket and bike rental (if needed/applicable)
* Caroline Washam’s Professional downhill mountain bike instruction
* Lunch

**Schedule**

10:00 am – Meet at the Sugar Mountain Resort ticket / rental area

10:00 am – 10:30 am Bike Set-Up/Safety

10:30 am – 12:30 Group instruction focusing on fundamentals

12:30 pm – 1:30 pm Lunch (provided)

1:30 pm - 4:00 pm Group instruction with more personalized instruction

Hang out at the Oktoberfest

**What you should bring:**

* Mountain bike, helmet, knee / shin & elbow pads (if you have)
* Comfortable sportswear and flat-soled footwear
* Rain coat
* Sunscreen
* Water bottle
* Quarters (in case you need to store items cell phone etc. in lockers)
* Cash / card in case you need to rent additional equipment

**Why you should participate**

* To hang out with Caroline Washam, Women’s Pro Gravity Tour Champion.
* You will experience a day of outdoor fun with other ladies
* Professional mountain bike instructors will help you develop and improve your biking skills
* You will be grouped according to level of ability
* Sugar Mountain Resort bike park offers diverse trails and stunning views

**Entry form**

Name (print):

Address:

City: State: Zip:

Phone:

E-mail:

Age:

Parent / Guardian phone number:

**Amount:**

* $175 (I will bring my own mountain bike and gear)
* $225 (I need to rent a mountain bike and gear)

**Payment Method**

Cash Check Visa Mastercard Discover

Card Number:

Expiration Date: V-Code:

Please make checks payable to:

Sugar Mountain Resort, Inc. Caroline Washam Women’s Gravity MTB Clinic

Applications can be mailed, faxed or emailed to:

Sugar Mountain Resort, Inc.

Caroline Washam Women’s Gravity MTB Clinic

P.O. Box 369

Banner Elk, NC 28604

bike@skisugar.com or 828-898-6820 (fax)

For any questions, please call 828-898-4521 x 202

**Waiver / Liability release**

In consideration of the acceptance of my application in the Sugar Mountain Resort Gravity Mountain Bike Camp held at Sugar Mountain Resort, Inc., I hereby waive, release and discharge any and all claims for damages including, but not limited to, personal injury, death or property damage which I may incur, or which may accrue to me as a result of my participation.

This release is to discharge in advance Sugar Mountain Resort, Inc., its agents and employees from and against any and all liability out of or connected in any way with my participation in the Sugar Mountain Resort Mountain Bike Camp.

I agree to wear a full-face helmet, knee / shin pads during all training sessions and cooperate with the Sugar Mountain Resort coaching staff.

I further understand that serious accidents occasionally occur while downhill mountain biking and that mountain bikers occasionally sustain mortal and serious personal injuries and / or property damage.

Knowing the risks of downhill mountain biking, nevertheless, I hereby agree to assume those risks and to release and hold harmless the persons and entities mentioned above.

I hereby grant Sugar Mountain Resort, Inc. the right to take and utilize photographs of me participating in this activity for the purpose of promotion and advertising.

Signature of Applicant Signature of Parent / Guardian

Date Date