Community Associations X-C SKIING OPERATIONS



| Address: Date(s) of Activity: Location of Operation: Receipts generated: \$ Is this operation concessioned? |
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| Is this operation concessioned? Is other insurance available? *attach Certificate of Insurance Is area named as Additional Insured? Are releases signed by all participants? *attach copy of release Furnish 5 years loss information, if any: |
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| What experience does person in charge of operation have? |
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| Operations/Procedures Manuals: |
| Employee Training Program (including experience and age requirements): |
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| Are there designated trails for cross-country skiing? |
| Are trail maps available? |
| Is night skiing provided? |
| Do the designated trails cross over onto other than ski area land? |
| Are any ski lifts used in this operation? |
| Are ski rentals provided? |
| Are lessons provided? |
| Are trails properly signed and marked? |
| Are there any jumps in cross country trails? |
| Are there any Avalanche areas? |
| Is Avalanche area in or out of ski area boundaries? |
| If in, what controls are in place? |
| Are guided tours provided? |
| If yes, how many people per tour? |
| How far and how long is the tour? |
| How many guides per tour? |
| Is guide trained in first aid and CPR? |
| What rescue and safety procedures are in place? |
| Are overnight tours provided? |
| Do you have Hut-to-Hut tours? |
| Do you allow Telemarking? |
| Do you have a Nordic ski patrol? |
| Does the patrol do trail sweeps? |