



Participants Full Name _____ New Returning

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email _____

Please Check one of the following
 in each category:

- Ski
 Snowboard

- Never Ever
 Beginner
 Intermediate
 Advanced

- I have my own equipment
 I will be renting equipment

Which Clinic are you attending? 1-Day Clinic, February 16, 2019

**After purchasing online, please complete registration and email to pass@paolipeaks.com
 No later than 2/13/19**

SNOWSPORTS EVENT LIABILITY RELEASE AGREEMENT

WARNING AND ACCEPTANCE OF RISKS

Skiing, snowboarding and other snowsports activities (hereinafter referred to collectively as "snowsports"), including the use of lifts, have inherent and other risks of injury and death. These risks include but are not limited to falls or collisions due to: variations in snow, steepness and terrain, trail side drop-offs, ice and icy conditions, moguls, rocks, trees, and other forms of forest growth or debris (above or below the surface), bare spots, lift towers, utility lines, poles and guy wires, snowgrooming vehicles and equipment, snowmobiles, snowmaking equipment, trail and race course fences and gates, control nets and the absence of such fences and nets, and other forms of natural or man-made obstacles on or off designated trails, as well as collisions with equipment, obstacles, other snowsports users or spectators. Trail conditions vary constantly because of weather changes and use by snowsports users. These are some, but not all, of the risks of snowsports. All of these risks can result in serious and/or fatal injury.

RELEASE OF LIABILITY

In consideration of being allowed to participate in Paoli Peaks Women's Clinic, I AGREE TO RELEASE Paoli Peaks, Inc. and Peak Resorts, Inc., their owners, affiliates, officers, directors, agents and employees (hereinafter referred to collectively as "RELEASEES") **FROM LIABILITY FOR ANY CLAIM OR LAWSUIT ALLEGING INJURY, DEATH OR PROPERTY DAMAGE TO ME OR ANY OF MY MINOR CHILDREN OR WARDS** while present at or using any of the RELEASEES' facilities **DUE TO ALLEGED NEGLIGENCE OR ANY OTHER IMPROPER CONDUCT BY RELEASEES**. I further agree that I will defend, indemnify and hold harmless the RELEASEES from any claim, liability, damages or settlement resulting from any injury to myself or to any of my minor children or wards while on the RELEASEES' premises and that this Agreement is binding on me, my heirs and assigns.

I acknowledge that the laws of the State of Indiana govern this Agreement. I further agree that any lawsuit relating to or arising out of this Agreement must be instituted in the State or Federal Courts of Indiana. This document is a legally binding contract that supersedes any other agreements or representations by or between the parties. It shall be interpreted to provide as broad and inclusive a release of liability as is legally possible, but it is not intended to assert any claims or defenses which are prohibited by law. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

In the event of a medical emergency or injury, I authorize Paoli Peaks staff to provide first aid, to call a doctor and/or transport me or my child to a medical facility.

I authorize the use of my/my child's image in any medium for promotional purposes by the RELEASEES without limitation and without charge.

I have read and understood the foregoing LIABILITY RELEASE AGREEMENT. By my signature below, I intend to be legally bound by this Agreement. If I am signing on behalf of a minor child, I represent that I am a parent or legal guardian of that child.

Name of Event Participant: _____
 (please print)

Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Signature: _____

Signature of Participant

 Signature For minor (under the age of 18), signature must be of parent/guardian.