

NATIONAL SKI PATROL SYSTEM SNOWSPORTS RELEASE FORM

I agree I am voluntarily participating in this CHAIRLIFT EVACUATION REFRESHER TRAINING. I understand that the CHAIRLIFT EVACUATION REFRESHER TRAINING may involve extensive field work on first aid scenarios, skiing, and toboggan handling along with other activities which ski patrollers encounter in their duties of patrolling a ski area. I realize there are inherent risks in this type of activity including changing weather conditions, changing snow surface conditions, ice, bare spots, rocks, stumps, trees and the possibility of collisions with manmade and natural objects or other skiers and such activity can be dangerous and can result in serious injury or death. I knowingly assume the risk of participation and understand I can withdraw from this CHAIRLIFT EVACUATION REFRESHER TRAINING at any time. I understand that by participating in this CHAIRLIFT EVACUATION REFRESHER TRAINING I may also encounter additional risks not inherent to a normal participant to the sport of skiing. I agree to personally assume all of these risks. I also agree that I will rely solely on my own judgment regarding my personal safety and ability with regard to the terrain, circumstances and conditions in which I may be placed upon and asked to demonstrate or perform to accomplish the tasks involved in the CHAIRLIFT EVACUATION REFRESHER TRAINING, and that I will decline to perform any activities if I believe I am placing myself in an unsafe situation or subject to possible injury or death if I proceeded.

As a requirement of the CHAIRLIFT EVACUATION REFRESHER TRAINING, I acknowledge that I agree to waive any right I might have to file a lawsuit for any injury or death resulting from my participation in this CHAIRLIFT EVACUATION REFRESHER TRAINING and I hereby remise, release, and forever discharge the ski area hosting the event, the National Ski Patrol System, Incorporated and its members, both individually and jointly, and I agree that no one else may file a lawsuit in my name related to my participation in the CHAIRLIFT EVACUATION REFRESHER TRAINING. If any part of this Release shall be determined to be unenforceable, all other parts shall be given full force and effect.

Participant Signature: Electronically Signed Date: _____

Participant Name: (printed) _____

Address: _____ Phone: _____

ADDENDUM TO RELEASE

The above Participant is less than 18 years of age; the undersigned parent or guardian hereby consents to the above Participant participating in the CHAIRLIFT EVACUATION REFRESHER TRAINING and signs this Release on behalf of the Participant.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: (printed) _____

Address: _____ Phone: _____

Not part of Release and for record keeping purposes only.

Event Information: _____ Date: _____

Event/Training: Chairlift Evac Refresher Training Location: Mad River Mountain, Valley Hi, OH