

RISK MANAGEMENT FORM

I am voluntarily participating in ski patrol training or other events (“Events”) conducted, supervised or sanctioned by the National Ski Patrol System, Inc., its Southern Division, the local ski patrol, or local mountain management (“Parties”). I acknowledge the inherent risks of participating in snow sports and the Events. I certify that I have no physical, mental or medical condition that would endanger others or me or would interfere with my ability to participate in the Events and that I am sufficiently experienced in snow sports to recognize and assess the risks to me, including, without limitation, the dangers of collision with visible or hidden, fixed or moving, natural or manmade objects or with other snow sport participants, the dangers arising from surface and/or sub-surface conditions and hazards, equipment failure, inadequate safety equipment and weather conditions, and the possibility of serious physical and/or mental trauma, injury or death associated with snow sports or the Events. I ASSUME ALL RISKS. I also agree that I will rely solely on my own judgment regarding my personal safety and ability with regard to my participation in the Events, and that I will decline to continue my participation if I believe I would be placing myself in an unsafe situation or if I believe I would be subject to an unreasonable risk of injury or death.

In consideration of my being allowed to participate in the Events, I waive any claims I might in the future have against any of the Parties for my injury or death occurring in the Events, and I release each of the Parties from all liability arising from the Events. I have read this and understand that I am foregoing legal rights having been advised that I should seek the advice of independent legal counsel if I have any reservations. I am signing this of my own free will, fully understanding the consequences. This agreement may not be modified orally. If any provision is determined to be unenforceable for any reason, including public policy, that provision shall be severed and all other provisions shall remain in full force. I hereby consent to and permit emergency treatment in the event of injury or illness while participating in Events.

Print Name: _____ Date: _____

Signature: _____

Parent or Guardian Consent (if participant is under 18 years old):

Print Name: _____ Date: _____

Signature: _____