

Teton Pass Ski Area PO Box 1354, Choteau MT 59422 406-466-2209

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Student's Name:

Date of Ski Visit:

I desire the above student to participate in the activities offered at Teton Pass Ski Area. I understand those activities to include, but not be limited to, snowboarding, skiing, riding chair and rope tow lifts. I understand that these activities at varying times range from recreational to competitive. It is my intent to participate in the activities at the level being offered on the above date.

I am aware and fully understand that these activities are very dangerous. They involve the risk of damage, serious injury and death, both to myself and to others. I understand that there are many potential causes for property damage, serious injury and death at Teton Pass Ski Area including the negligence of Teton Pass Ski Area, its owners, employees, volunteer staff, rescue personnel and equipment as well as my own negligence and the negligence of others.

In consideration of being permitted to participate in the activities offered at Teton Pass Ski Area, I hereby agree to release, waive, discharge and covenant not to sue Teton Pass Ski Area, its owners, agents, employees, or rescue personnel as well as any equipment manufacturers and distributors involved with the Teton Pass Ski Area facilities from all liability from any and all loss or damage I may have and any claims or demands I may have on account of injury to my person and property or the person and property of others, including death arising out of or related to the activities offered at Teton Pass Ski Area whether caused by the negligence of Teton Pass Ski Area, its owners, agents, employees, volunteer staff, rescue personnel, equipment manufacturers or distributors or otherwise.

In consideration of being permitted to participate in the activities offered at Teton Pass Ski Area I assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the activities offered at Teton Pass Ski Area. I assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the activities offered at Teton Pass Ski Area whether caused by the negligence of Teton Pass Ski Area its owners, agents, employees, volunteer staff, rescue personnel, equipment manufacturers, distributors or otherwise.

In consideration of being permitted to participate in the activities offered at Teton Pass Ski Area, I hereby agree to indemnify and save and hold harmless Teton Pass Ski Area, its owners, agents, employees, volunteer staff, rescue personnel, equipment manufacturers and distributors from any loss, liability, damage, or cost they may incur arising out of claims generated while I participated in activities at Teton Pass Ski Area whether caused by their negligence or otherwise.

In consideration of being permitted to participate in the activities offered by Teton Pass Ski Area I agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Teton Pass Ski Area, its owners, agents, employees, volunteer staff and equipment manufacturers and distributors, including negligent rescue operations and is intended to be as broad and inclusive as is permitted by Iowa law and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I HAVE READ THIS RELEAS E AND WAIVER OF LIABILITY, ASSUMPTION OF RISK ANDINDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, GUARANTEES OR WARRANTIES, EXPRESSED OR IMPLIED, BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEAS E OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent or Legal guardian's printed name:	

Parent or Legal guardian's signature:	Dat	e:
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PARTICIPANT INFORMATION								
Name:					Age:			
First time sne		referred Snow Sport: must be at least 7 years old	□ Ski □ Snowboard		Does the student need □ Yes rental equipment? □ No			
Does the participant have any special medical conditions or considerations (asthma, food allergies, special medications, behavioral issues, etc.)? Please explain.								
special me	dications	, denavioral issues, et	c.)? Please explain.					
Does the particular Does the particular Does the particular partic	-	t take any medications	that we should be	aware of (reso	cue inhaler, ep	oi pen, etc)?		
		RENTAL I	NFORMATION (if a	oplicable)				
Height:			Shoe Siz	e:				
Weight:			Snowboard Stand	-	S (
- J -		EMERGEN	(if applicabl	/	ight foot forwa	rd)		
EMERGENCY CONTACT INFORMATION								
Name:								
Phone:			Relationship to P	articipant:				
Physical A	ddress:							
			SNOWBOARDING					
Please mark the box that best describes the participant's skiing/snowboarding ability								
□ First Timer: Skiers/Snowboarders who have never skied/snowboarded before.								
□ Beginner: Skiers/Snowboarders who are able to do a turn both ways and are able to stop, but linking turns smoothly may be difficult. Beginners may have skied/snowboarded once or twice before.								
Intermediate: Skiers/Snowboarders who can link turns but still moderate speed. They are confident on easy blue runs and ski mostly parallel but may at times use the wedge to begin a turn or to stop. Snowboarders should be able to use both toeside and heelside edges.								
□ Advanced: Skiers/Snowboarders who can control their speed and rhythm on black diamond trails, but they are looking to ski/snowboard on challenging trails with better style. They can adjust the size and length of their turns and are learning to ski/snowboard on a variety of different types of snow and terrain								