



RELEASE OF LIABILITY FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ MALE: _____ FEMALE: _____

RACE TEAM PARTICIPANTS

LOOKOUT PASS RELEASE OF LIABILITY

I hereby voluntarily request to participate in a RACE TEAM or activity at Lookout Pass Ski Area. I understand that the type of activity may be dangerous. I agree to visually and physically inspect all courses, and the adjacent areas and/or jumps and features, before using the course that I will utilize. I am aware that natural and man-made obstacles exist and such dangers are recognized and accepted whether they are marked or unmarked. By my use of the course, I assume all risks, including the condition of the course and the adjacent areas. I am aware and understand that participation in this special activity may result in serious injury, death or property damage and I accept such risk on behalf of myself. Governing law and venue shall be according to the laws of the State of Idaho and any action shall be interpreted in Idaho District Court, County of Shoshone, or U.S. District Court for the District of Idaho.

ALL PARTICIPANTS

ON BEHALF OF MYSELF, I HEREBY RELEASE, HOLD HARMLESS AND INDEMNIFY LOOKOUT PASS SKI AREA, IT'S MEMBERS, MANAGERS, EMPLOYEES, AGENTS, COACHES AND VOLUNTEERS FROM ANY AND ALL LIABILITY FOR DAMAGE, PERSONAL INJURY OR DEATH RESULTING FROM PARTICIPATION IN THIS SPECIAL ACTIVITY OR ASSOCIATED EVENTS, INCLUDING ANY NEGLIGENCE OF LOOKOUT ASSOCIATES, LLC, AND THE PARTIES RELEASED.

I have carefully read this Release of Liability, understand it, and accept its terms.

PARTICIPANT'S NAME (PRINT)

SIGNATURE (MUST BE 18+)

DATE