

Sublette County Ski and Snowboard Association

Participant(s) Information

Last Name	First Name	Middle Initial
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Last Name	First Name	Middle Initial
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Last Name	First Name	Middle Initial
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Address	City	State	Zip Code
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Telephone Number	E-mail Address
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WAIVIER RELEASE

I, or my child, have (has) enrolled as a participant in the Sublette County Ski and Snowboard Association (SCSSA) programs and/or events voluntarily, and acknowledges and understand that the activities and programs associated with the Sublette County Ski and Snowboard Association, such as skiing, racing, training, travel, and the like, hereinafter referred to as the "Events," contain certain inherent foreseeable and unforeseeable risks of injury to my, or my child's, person and/or property, such as, but not limited to, loss of control or falling, contact with unexpected or expected snow conditions or objects, both natural and manmade, and all other events or incidents related to the sport or skiing, which may result in loss of enjoyment of life, emotional distress, pain and suffering, disfigurement, physical or mental disability, loss of earnings or income, loss of consortium, loss of profits, loss of life, and all other claims and caused of action which could result from my child's, participation in the events, hereinafter collectively referred to as the "Inherent Risks." I also acknowledge that the Sublette County Ski and Snowboard Association is a non-profit organization, and that all officers, directors, trustees, and volunteers are immune from civil liability for any act or omission resulting in damage or injury to any person, including myself, or my child.

Nevertheless, I, or my child, desire(s) to participate in the Sublette County Ski and Snowboard Association Events, and hereby assume the Inherent Risks of participating in the Events, and wave and release any and all claims that I, or my child, or the estate, family, heirs, and assigns, of myself, or my child may have, or could potentially arise, against the Sublette County Ski and Snowboard Association. Its officers, directors, trustees, coaches, and volunteers, as well as all claims brought against the Sublette County Ski and Snowboard Association, its officers, directors, trustees, and volunteers, as well as all owners and lessees of property where the programs and/or events are held, as a result of my, or my child's, own actions or missions.

Furthermore, I give permission for emergency medical treatment for illness or accident if I, or my own behalf of my child, are unable to give such consent to treatment.

Dated this _____ day of _____ 20_____.

Signature of Participant

Signature of Guardian if Participant(s) is a Minor

Signature of Participant

Signature of Guardian if Participant(s) is a Minor

Signature of Participant

Signature of Guardian if Participant(s) is a Minor