

SNOW CREEK

Special Event Registration Form & Liability Release

Event Information

Participant's Name

Address

City

State

Zip

Phone

Age

Sex

Entering As A: Skier

Snowboarder

Circle All that apply:

SLOPESTYLE

RAIL JAM

BIG AIR



Rattlesnake
Terrain Park

Permission, Release of Liability and Medical Release

I, hereby expressly consent to my participation in the above named special event. I acknowledge that such participation includes but is not limited to, travel (public or private), preparation for competition, competition skiing, snowboarding, and snow-lay at Snow Creek and other recreational facilities.

I understand that the sport of skiing/snowboarding, and other snow play activities involves inherent other risks of INJURY or DEATH. I voluntarily agree to expressly assume all such risks which may result from skiing/snowboarding, or any other snow play activity at Snow Creek or in any way related to my participation in the above named special event, including, but not limited to snow and various conditions, ice, sheer drop-offs, bare ground, roots, stumps, trees, lift towers, ruts, bumps, snowmaking equipment, grooming vehicles, snowmobiles, debris, and conditions of any gladed wood areas, collisions with other skiers, design and conditions of natural and man-made terrain features, power poles and a multitude of other objects that are inherent to all forms of alpine activities.

In consideration of the right to participate in the above named event, I hereby release from any legal liability Snow Creek or any officer, affiliated organization, agent or employee for injury or death caused by or resulting from my participation in the sport of skiing/snowboarding, or any other snow play activity or use of the facilities (including chair lifts) of Snow Creek or in any way connected to my participation in the above named special event, whether such injury or death was caused by the alleged negligence of Snow Creek, another skier/snowboarder, or any other person or cause.

I further agree to defend and indemnify Snow Creek for loss or damage, including any that result from claims or lawsuits for personal injury, death, or personal property damage, related in any way to my participation in the above named special event or use of Snow Creek's facilities.

I authorize any person connected with this event or with Snow Creek to administer first aid to me, as they deem necessary. I authorize medical and/or surgical care and transportation to a medical facility or hospital for treatment necessary for my well being, at my expense.

This agreement is governed by the applicable laws of the State of Missouri. If any part of this agreement is determined to be unenforceable all other parts shall be given full force and effect.

I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AGREEMENT.
I VOLUNTARILY AGREE TO ITS TERMS.

Signature of Participant

Date

Signature of Parent/Legal Guardian (If Participant is under 18)

Date

In the Event of an Emergency, Please Contact

Phone

office use

Bib # _____