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|--|---------------|---------------------------|--------|---------|
| Office use only | Season pass Y | Bunny Rabbit fee paid Y N | Amount | Rcvd by |
| Please note that a parent (skis optional) must attend each session with the "Bunny Rabbit" | | | | |

Blow Me Down "Bunny Rabbits" Registration 2009 -2010

Name _____ Age _____

Address _____ Postal Code _____ Email _____

Parents _____ Phone (H) _____ (W) _____

MCP Number _____ Allergy/medical condition _____

Release of liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Please read carefully before signing

TO: BLOW ME DOWN CROSS COUNTRY SKI CLUB

I am aware that Blow Me Down Cross Country Ski Club (hereinafter referred to as "the Ski Area") and its Ski and Snowshoe Programs have in addition to the usual dangers and risks inherent to the sport of snow skiing, certain additional dangers and risks including, but not limited to, the danger and risk of collision with natural and man-made objects and with other skiers and spectators and I freely accept and fully assume all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting therefrom.

In consideration of the Ski Area permitting my participation in Blow Me Down Cross Country Ski Club's Ski and Snowshoe Programs (hereinafter referred to as "the Program"), I hereby agree as follows:

TO WAIVE ANY AND ALL CLAIMS that I may have against the Ski Area, the Program, the Program sponsors, and their directors, officers, employees, agents, and representatives, and any volunteers in any way associated with the Program, (all of whom are hereinafter collectively known as "the Releasees").

TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY for any loss, damage, injury or expenses that I may suffer or that my next of kin may suffer as a result of my participation in the Program due to any cause whatsoever, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE OR BREACH OF ANY OTHER DUTY OF CARE.

TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability from property damage or personal injury to any third party, resulting from my participation in the Program or use of the Ski Area and its facilities; AND THAT, this Release of Liability shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns in the event of my death.

I am the full age of eighteen (18) years and I have read and understood this Release of Liability prior to signing it, and I am aware that by signing this Release of Liability I am waiving certain legal rights which I, or my heirs, next of kin, executors, administrators and assigns may have against the releasees.

Signed this _____ day of _____
Day Month Year

 Witness

 Signature of Participant (or Legal Guardian if under 18)

 WITNESS PRINT NAME

 LEGAL GUARDIAN PRINT NAME

THIS AGREEMENT MUST BE COMPLETED IN FULL, DATED AND SIGNED BY THE PARTICIPANT (AND OR LEGAL GUARDIAN IF NECESSARY) AND DULY WITNESSED, BEFORE THE PARTICIPANT WILL BE PERMITTED TO PARTICIPATE IN THE PROGRAM.