

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

It is important that you read the following waiver carefully as it is specific to Alpine Indoor Ski and Snowboard Training Center. Please initial where indicated and sign at the bottom:

As a participant at Alpine Indoor Ski & Snowboard Training Center, I understand and I have been informed that my voluntary participation in training programs and special events including, but not limited to, the use of technical ski and snowboard training equipment and use of any and all equipment, all apparatus designed for exercising and the associated facilities shall be the participants sole responsibility during all times of training participation and use. I also understand and have been informed that participation in any of the events noted above does pose the risk of serious injury or other adverse health consequences, including death. **I agree to self limit my exertion through good judgment and to terminate any physical activity immediately, if it exceeds my personal limitations, whether or not it exceeds the activity level recommended by the staff or prescribed by my physician.** I hereby consent to, and permit emergency medical treatment in the event of any injury or illness. **INITIAL _____**

If requested to obtain written consent from a personal physician or other health care practitioner, I verify that I have been evaluated by that practitioner, and I have been approved to participate in the programs and exercise activities. I understand it is my responsibility to seek and to continue to receive medical evaluations from my personal physician and other health care practitioners to determine if there are any medical conditions or injuries that could limit my participation in fitness or health promotion activities. **I agree to notify the staff of changes in health status, physical injuries, pregnancy, hospitalizations, surgery or additional physical and medical limitations, or additions/changes in medication recommended by my physician that may affect my participation in training or health promotion activities.** I understand that for any new medical conditions or injuries noted above, written consent from my personal physician may be required prior to resuming activities. **INITIAL _____**

If my current fitness or injury status limits my activities, I agree to follow the recommendations for modification as stated by my health care practitioners and/or trainers. These limitations have been fully explained to me, and I understand and assume the risk of injury and other adverse health consequences, including death, if I exceed the exercise and dietary guidelines recommended by my consulting practitioners. I agree that non-compliance may result in the termination of my entitlement to train at Alpine Indoor Ski & Snowboard Training Center.

INITIAL _____

In consideration for my participation in training programs, special events, and exercise activities, I voluntarily assume the risk of any injury, loss and/or adverse health consequence. I for myself, my heirs, executors, administrators and assignees, hereby release Alpine Indoor Ski and Snowboard Training Center and their officers, directors, employees and their affiliated entities from any and all claims, liabilities or demands of any kind arising from any injury, loss or adverse health consequence, including death, related to my participation with respect to indoor technical ski and snowboard training and fitness or health promotion activities.

Subject to these conditions, I affirm that I have read, understand and agree to the terms set forth above and I wish to participate in training and/ or health promotion programs, exercise activities and special events.

_____	_____	____/____/____
PARTICIPANT’S NAME (print)	SIGNATURE (or Guardian signature)	DATE (MM/DD/YYYY)
_____	_____	____/____/____
WITNESS NAME (print)	WITNESS SIGNATURE	DATE (MM/DD/YYYY)

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I, _____, hereby authorize Alpine Indoor Ski & Snowboard Training Center, or its representatives to use, reproduce, and/or publish photographs and/or video that may pertain to me (or my child named above in this waiver): including my image, likeness and/or voice without compensation. This material may also appear on the Alpine Ski and Snowboard Training Center website. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

_____	____/____/____
SIGNATURE (or Guardian)	DATE (MM/DD/YYYY)

Please enter your email to join our update list: _____