



**Liability Waiver & Release**

**All Competitors Must Execute the Following  
Waiver and Release of Liability**

Applicants under the age of 18 must have a parent or guardian complete Parts "A" and "B", persons 18 and older complete "A" only.

**Part "A"-Athlete Waiver and Release From Liability  
(HELMENTS ARE REQUIRED FOR PARTICIPATION)**

**PHYSICAL CONDITION:**

I am physically fit to participate in the Event(s) in which I have chosen to participate and have not been advised otherwise by a medical practitioner.

**ASSUMPTION OF RISK:**

I understand that I, and each participant in the Event(s), will be engaging in the activities that involve the risk of serious, personal, illness, permanent disability, dismemberment and death, and that also involve the risk of severe economic and property loss and damage. I understand these risks may results from actions, negligence and failure to act of myself and others (including but not limited to other participants in, and the sponsors, organizers and volunteers of the Event) and from the rules of play, the challenges of the event and the conditions of any facilities or equipment used. I also understand that there may be risks involved which are not known to me or to Snowstar Extreme Sports and may not be foreseen or reasonably foreseeable by any of us at this time or at the time of the activities in which I may participate. I assume all of the foregoing risks including the risk of any negligence by the other participants or by Snowstar Extreme Sports and all of their respective owners, directors, officers, employees and agents, and accept personal responsibility for any injury(including, but not limited to, personal injury, disability, dismemberment and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I or my property may suffer arising out of or in connection with the Event(s) or may participation therein or attendance thereat.

**LIABILITY RELEASE AND INDEMNITY AGREEMENT:**

I hereby release and forever discharge and agree to save and hold harmless Snowstar Extreme Sports, the respective organizer, directors, officers, employees and agents of all of them, and the other participants in the Event(s) (each such entity or individual being referred to as a "Released Party") of and from any and all injuries (including personal injury, disability, dismemberment and/or death), illness, losses, damages, claims, liabilities or expenses, of any kind or nature (and whether accruing to me, my heirs or my personal representatives) that are caused or alleged to be caused in the whole or in part by the action negligence or failure to act of any Released Party and that arise out of or in connection with the Event(s) or my participation therein or attendance thereat.

**SEVERABILITY OF PROVISIONS:**

I agree the foregoing agreements are intended to be as broad and inclusive as is permitted by law. Any provision herein found by a court to be voided or unenforceable shall not affect the validity or enforceability of any other provisions.

**I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AND NAMES/LIKENESS RELEASE. I UNDERSTAND THAT BY SIGNING THIS RELEASE, I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I HAVE VOLUNTARILY SIGNED THIS RELEASE.**

**Part (A)**

SIGNATURE \_\_\_\_\_ PRINTED SIGNATURE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

\*\*\*\*\*If the person executing the release is a minor, the following part (B) must be completed.\*\*\*\*\*

I represent that I am a parent or guardian of the minor who has signed the release, and I agree that we both will be bound thereby.

**Part (B)**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RELATIONSHIP TO MINOR: \_\_\_\_\_ AGE: \_\_\_\_\_



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**(HELMETS ARE REQUIRED FOR PARTICIPATION)**

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I am physically fit to participate in the Event(s) in which I have chosen to participate and have not been advised otherwise by a medical practitioner.

**ASSUMPTION OF RISK:**

I understand that I, and each participant in the Event(s), will be engaging in the activities that involve the risk of serious, personal, illness, permanent disability, dismemberment and death, and that also involve the risk of severe economic and property loss and damage. I understand these risks may results from actions, negligence and failure to act of myself and others (including but not limited to other participants in, and the sponsors, organizers and volunteers of the Event) and from the rules of play, the challenges of the event and the conditions of any facilities or equipment used. I also understand that there may be risks involved which are not known to me or to Snowstar Extreme Sports and may not be foreseen or reasonably foreseeable by any of us at this time or at the time of the activities in which I may participate. I assume all of the foregoing risks including the risk of any negligence by the other participants or by Snowstar Extreme Sports and all of their respective owners, directors, officers, employees and agents, and accept personal responsibility for any injury(including, but not limited to, personal injury, disability, dismemberment and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I or my property may suffer arising out of or in connection with the Event(s) or may participation therein or attendance thereat.

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**I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AND NAMES/LIKENESS RELEASE. I UNDERSTAND THAT BY SIGNING THIS RELEASE, I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I HAVE VOLUNTARILY SIGNED THIS RELEASE.**

**Part (A)**

SIGNATURE \_\_\_\_\_ PRINTED SIGNATURE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

\*\*\*\*\*If the person executing the release is a minor, the following part (B) must be completed.\*\*\*\*\*

I represent that I am a parent or guardian of the minor who has signed the release, and I agree that we both will be bound thereby.

**Part (B)**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RELATIONSHIP TO MINOR: \_\_\_\_\_ AGE: \_\_\_\_\_