

# 2020 TITUS MOUNTAIN COMPETITIVE EVENTS RELEASE

Event/Program Name: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_\_

Gender: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

## **2019 COMPETITIVE EVENTS RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

I hereby acknowledge that snowsport competitions is a dangerous activity that can result in personal or bodily injury, including but not limited to death, and in damage to or loss of personal property, including, but not limited to snowsport equipment.

I understand and voluntarily agree to personally assume any and all the liability and risks of snowsport competition. I further agree to participate only : a) when I am both physically and psychologically prepared to participate safely, b) after fully familiarizing myself with the course before beginning the event and c) while using equipment of a type and condition reasonably necessary to safely participate.

Aware of the risks and willing to assume them, I release, hold harmless, and agree to indemnify, and promise not to bring or maintain action against Titus Mountain Family Ski Center, LLC and its owners, representatives, affiliates, officers, managers, directors, servants, lessors, agents, volunteers and employees, and their successors and assigns, for all liability of any kind for any injuries, damages, claims, or actions, in law or in equity, and from any and all claims by me, arising in any way, directly or indirectly, from my participation in snowsport competition at Titus Mountain Family Ski Center. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin o assigns who may pursue any legal action or claim on my behalf.

I currently have and agree to maintain throughout the time that I participate, valid and sufficient medical and accident insurance, I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **IF PARTICIPANT IS UNDER 18 YEARS OF AGE:**

For participants of minor age: This is to certify that, as parent/legal guardian of the above named minor, I do hereby acknowledge and consent to his/her agreement to be bound by each of the terms and conditions identified above.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_