

Vermont Youth Conservation Corps

Participant Liability Waiver Form

Bolton to the Barns

Please read, complete, sign and mail to:
Vermont Youth Conservation Corps
c/o Breck Knauft
1949 East Main Street • Richmond, VT 05477

If you have not yet paid your registration fee, please include a check.

The undersigned voluntarily agrees to participate in the Bolton to the Barns ski touring event sponsored by the Vermont Youth Conservation Corps (VYCC) on March 5, 2011.

The undersigned recognizes that VYCC has not undertaken any duty or responsibility for his or her safety and the undersigned agrees to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in the Bolton to the Barns ski touring event. The undersigned recognizes that there are inherent risks associated with cross-country skiing in wilderness settings. These include but are not limited to: snowmobile encounters on trails shared with them, fallen trees hidden under snow, icy conditions and steep terrain that can make ascents and descents treacherous.

Please read and initial the following statements:

_____ I attest that I am physically fit to participate in this activity.

_____ I agree to abide by the instructions of the VYCC Staff and those designated by them.

_____ I have read and understand the descriptions of the tour on the VYCC website.

_____ I have read and understand the Recommended Equipment List and Guidelines for Skills and Fitness on the VYCC website.

_____ I accept the skier responsibilities as described on the VYCC website.

By my signature, I hereby state that I understand the risks involved in participating in the Bolton to the Barns ski touring event and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from VYCC and its directors, officers, employees, volunteers, sponsors, host sites and other agents for injury sustained and liability incurred during my participation in the activity described above. By my signature, I warrant that I am not relying on any oral representations, statements or inducement apart from the statements made on this form.

I have read and fully understand this Liability Waiver

Signature

Printed Name

Email

Phone (home or cell)

Address

City, State, Zip

Date