NAME:			
CITY:		STATE:	ZIP:
DOB:		FEMALE:	
	RACE '	TEAM PARTICIPA	ANTS
		LOOKOUT PASS	
	<u>REL</u>	EASE OF LIABILI	<u> </u>
unmarked. By my areas. I am aware property damage a laws of the State of	use of the course, I ass and understand that pa and I accept such risk or	sume all risks, including the co articipation in this special activi n behalf of myself. Governing	nd accepted whether they are marked o ondition of the course and the adjacen ity may result in serious injury, death o law and venue shall be according to the trict Court, County of Shoshone, or U.S
		ALL PARTICIPANTS	
SKI AREA, IT'S FROM ANY AND PARTICIPATION	MEMBERS, MANAG ALL LIABILITY FOR IN THIS SPECIAL	ERS, EMPLOYEES, AGENT R DAMAGE, PERSONAL INJU	S AND INDEMNIFY LOOKOUT PASS IS, COACHES AND VOLUNTEERS URY OR DEATH RESULTING FROM ITED EVENTS, INCLUDING ANY ITES RELEASED.
I have carefully re	ad this Release of Liab	ility, understand it, and accept	its terms.
PARTICIPANT'S	NAME (PRINT)	SIGNATURE (MUST BE	18+) DATE