



RELEASE OF LIABILITY FORM

RACE TEAM PARTICIPANTS

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 DOB: _____ MALE: _____ FEMALE: _____

RELEASE OF LIABILITY

I hereby voluntarily request to participate in a RACE TEAM / FREE RIDE or activity at Lookout Pass Ski Area. I understand that the type of activity may be dangerous. I agree to visually and physically inspect all courses, and the adjacent areas and/or jumps and features, before using the course that I will utilize. I am aware that natural and man-made obstacles exist and such dangers are recognized and accepted whether they are marked or unmarked. By my use of the course, I assume all risks, including the condition of the course and the adjacent areas. I am aware and understand that participation in this special activity may result in serious injury, death or property damage and I accept such risk on behalf of myself. Governing law and venue shall be according to the laws of the State of Idaho and any action shall be interpreted in Idaho District Court, County of Shoshone, or U.S. District Court for the District of Idaho.

ALL PARTICIPANTS

ON BEHALF OF MYSELF, I HEREBY RELEASE, HOLD HARMLESS AND INDEMNIFY LOOKOUT PASS SKI AREA, IT'S MEMBERS, MANAGERS, EMPLOYEES, AGENTS, COACHES AND VOLUNTEERS FROM ANY AND ALL LIABILITY FOR DAMAGE, PERSONAL INJURY OR DEATH RESULTING FROM PARTICIPATION IN THIS SPECIAL ACTIVITY OR ASSOCIATED EVENTS, INCLUDING ANY NEGLIGENCE OF LOOKOUT ASSOCIATES, LLC, AND THE PARTIES RELEASED.

I have carefully read this Release of Liability, understand it, and accept its terms.

 PARTICIPANT'S NAME (PRINT) SIGNATURE (MUST BE 18+) DATE

USSA MASTERS ENTRY CARD			
Last Name	First Name	USSA#	
Sex	Date of Birth	Age Class	Club (if any)
Mailing Address	City	State	Zip
Telephone		Email address	
Date of Race	Name of Race	Location	Discipline (circle)
Sat 3/12/11	Lookout Masters RENDEZVOUS	Lookout Pass	DH SL GS SG
Sun 3/13/11			
For organizer use			
Fee paid \$ _____	Date Rec'd _____	Comment _____	