



**Auburn Ski Club Associates
Alpine Program – Registration Form
2009-2010
Far West Programs**

Please print clearly

Athlete Name: (First)	(Last)	Birth date / /
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Team Selection (see below):	Sex M___F___	Athlete's email:
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Athlete Name: (First)	(Last)	Birth date / /
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Team Selection (see below):	Sex M___F___	Athlete's email:
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Contact Information:

Mother (or legal guardian)	Father (or legal guardian)
Name:	Name:
Home Ph:	Home Ph:
Cell Ph:	Cell Ph:
Work Ph:	Work Ph:
Email:	Email:
Parents are (circle one): Married Divorced Other:	
Child lives with (circle one): Both Mother Father Other:	

All Program Fees include season passes as Noted: B=Boreal, AM=Alpine Meadows

<u>Team Selection</u>	<u>Team Dues</u>	<u>Amount Paid</u>
J12/FIS (B, AM)	\$3475	\$ _____
J3 (B, AM)	\$3475	\$ _____
J45 (B, AM)	\$2275	\$ _____
Weekend (AM)*	\$2775	\$ _____
Development (B)*	\$1295	\$ _____

*if available passes may be purchased from ASC for Boreal or Alpine Meadows at ASC cost

Family membership (Both parents and athlete required)	Total from membership form:	\$ _____
Additional Donation to Alpine Program		\$ _____

The Auburn Ski Club Associates is a non-profit 501c(3) organization and donations are tax deductible. The Alpine program is working hard to keep dues down and retain quality coaches. Donations are greatly appreciated. THANK YOU!

Amount Due – Please make checks payable to Auburn Ski Club Associates	\$ _____
<i>(In an effort to keep our overhead costs down we are not accepting credit cards for program registration this year.)</i>	

Volunteer!!!– ASC relies heavily upon family participation including volunteer hours to host events and support programs. Each family is to complete **16 hours of volunteer time per athlete**. Families that complete their volunteer requirement will be issued a \$200 credit toward their next season's program dues. This is only applicable to program dues for the season following that which volunteer hours were accumulated. This credit has no redeemable cash value.

NOTE: To receive the season pass and go on snow for training all dues must be paid in full and all forms must be complete and turned in to the Training Center. Team dues are non-refundable once the athlete has participated on snow.

Send Forms to: ASCA, P.O. Box 829, Soda Springs, CA 95728
Any Questions?: Contact Eric Garayoa at (530) 426-3313 x102 or egarayoa@auburnskiclub.org

FOR OFFICE USE					
Ck # _____	Amt. pd. _____	Amt. Due _____	Volunteer Dep. _____	Date _____	Initial _____
Initial data entry:		Notes:			

Auburn Ski Club Associates 2009-2010 Membership Application / Renewal

Phone: (530) 426-3313 Fax: (530) 426-3501

P.O. Box 829

Soda Springs, CA 95728

www.auburnskiclub.org

*** Membership dues are non-refundable / non-transferable ***

AUBURN



SKI CLUB
TRAINING CENTER
Donner Summit, USA

Individual: \$40

Family: \$40 for the first family member, \$20 for each additional member (immediate family, same household).

Children 3 and under do not need a membership, but must have a waiver on file if at the Training Center.

For more details call the Training Center office (530) 426 3313 x 100 or go to www.auburnskiclub.org

Please check this box if you would prefer we do not share your address with other ski organizations

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone Number (_____) _____ E-mail _____

Name _____ \$40
 Name _____ \$20
 Name _____ \$20
 Name _____ \$20
 Name _____ \$20

Office Use only			
Card #	Waiver	Misc.	Total

Donations to The Auburn Ski Club are tax deductible

Memberships: \$ _____
 Donations: \$ _____
TOTAL: \$ _____

Office Use only

Ck #: _____ Date: _____ Collected / Mailed _____
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Please make checks payable to Auburn Ski Club Associates.

ASC Refer A Friend Program:

Name of Member Who Referred You and Their Membership Number:

_____ # _____
Name Member Number

Office Use

Name of new member: _____
New membership #: _____
Date Joined: _____

Auburn Ski Club Alpine Program

Code of conduct

I understand that being a member of an Auburn Ski Club competition team is a privilege, and by accepting a position on a team I am agreeing to certain responsibilities. I understand that as an Auburn Ski Club athlete my actions directly affect other team members, the club, its staff, volunteers, and mountain hosts.

My signature on this form states that I agree to the following:

- I shall maintain high standards of moral and ethical conduct, which includes self control and responsible behavior, consideration for others' physical and emotional well-being and good manners in public places while training and competing at all levels.
(athlete's initial _____)

- I understand that many people (coaches, race officials, fundraisers, parents etc.) are working hard to help me achieve my goals. I will treat them with the gratitude and respect they deserve.
(athlete's initial _____)

- I shall demonstrate good sportsmanship behavior at all times.
(athlete's initial _____)

- I shall abstain from the use of alcohol, tobacco and drugs.
(athlete's initial _____)

- I shall abide by the rules of the ski areas at which I race and train and by the rules of the competitions in which I race.
(athlete's initial _____)

- I shall abide by the USSA code of conduct (as published in the USSA competition guide).
(athlete's initial _____)

- If I choose to compete for my high school, I will endeavor to be a good team member and role model for my team mates. I shall avoid conflicts in training and racing schedules by open discussion of my goals and methods of training with all coaches concerned.
(athlete's initial _____)

- I will communicate in advance with team coaches if I am unable to make the regular training sessions, or if I am unable to stay for the duration of training.
(athlete's initial _____)

Athlete's signature: _____ date _____

Parents: I acknowledge that my child has agreed to abide by the above terms of Auburn Ski Club team membership.

parent's signature: _____ date _____



Auburn Ski Club Associates, Inc.
Alpine Program

Credit Card Authorization Form Visa or Mastercard Only

It is a board policy that each athlete have a cc# on file before traveling with the team.

CARD HOLDER'S NAME _____

CARD NUMBER _____

EXPIRATION DATE _____

-must be after 05/10

VCF NUMBER _____

3 Digit Number on back of card.

CARD HOLDER'S ADDRESS: _____

PHONE NUMBER _____

SIGNATURE OF CARD HOLDER _____

Though we do accept credit card payment for all race entries and travel expenses, Auburn Ski Club prefers checks. The program incurred over \$3,000 in credit card fees last season.

**The above has authorized ASC coaches to place cc# on Team entry forms.
The above has authorized for ASC Alpine Administrator to charge the card for team trips and lodging or for not completing volunteer hours. ASC will notify cardholder of when charge is made and amount.**

Auburn Ski Club Associates, Inc. PO Box 829. Soda Springs , CA 95728
Phone (530) 426-3313, Fax (866) 691-1116, E-mail: egarayoa@auburnskiclub.org

Special and Limited Power of Attorney Medical Release



Family Name: _____

Children's names: _____

I, _____ am the parent or legal guardian for above said minor(s), and I hereby make and appoint the Auburn Ski Club Associates coaching staff my true and lawful attorney for me in my name to perform any emergency medical care hereinafter set down as fully as I might if personally present with full power of substitution and revocation. I am hereby ratifying and confirming my entire said attorney should do or cause to be done by virtue of this power and assume all financial responsibility for the same.

I authorize said attorney to authorize any and all medical and hospital care and treatment deemed necessary by a duly licensed physician for the health and well being of my child/children named above.

Signature: _____	Date: _____	Please circle (mother, father, legal guardian)
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List ALL important medical information including allergies to food or medicine, asthma, diabetes, seizure disorders, special physical conditions, dietary and medications for each child:

Child's name _____

Child's name _____

Family's home phone number _____

Fathers Work Phone _____

Fathers Cell Phone _____

Mothers Work Phone _____

Mothers Cell Phone _____

Emergency Contact if parents can't be reached _____

Phone: _____

Cell Phone _____

Family's Insurance Company _____

Policy #: _____

Family Physician: _____

Phone Number: _____

Photographic Release

I also understand that photographs or video recording may be taken of my child during the programs. I give Auburn Ski Club Associates Inc. permission to use any such material for advertising or in promotional materials.

Parent or Legal Guardian Signature: _____ **Date:** _____

**WAIVER AND RELEASE**

Auburn Ski Club Associates, Inc.

Auburn Ski Club, Inc. Training Center

I/We, the undersigned, and/or parent or legal guardian of a minor, desiring to participate in the Alpine and Nordic programs of the Auburn Ski Club Associates, Inc. ("Associates") hereby acknowledge that the use by myself (each undersigned adult participant) or my/our minor child(ren) of the facilities, equipment or programs of Associates at the Auburn Ski Club Training Center, Boreal Mountain Resort, Alpine Meadows Ski Area, Northstar at Tahoe and other ski areas is permissive only and is subject to the terms of this Release. The facility and other properties utilized by the Associates are owned by a separate corporation, namely Auburn Ski Club, Inc. ("ASC"), and the waivers and releases given pursuant to this Agreement extend to, and are for the benefit of, the Associates, ASC and the other Released Parties that are identified below. This Agreement contains the entire agreement and understanding between the Released Parties and the undersigned concerning the subject matter of this Agreement and supersedes all prior agreements, terms, understandings, conditions, representations and warranties, whether written or oral.

I/We acknowledge that the sport of skiing, both Nordic and Alpine, biathlon, snowboarding, orienteering, ski jumping, ski racing, terrain park activities and other related events and activities hosted by Associates, ASC, and/or the Training Center (including, without limitation, weight training, off-snow physical fitness conditioning, fitness testing and the discharge of firearms in connection with biathlon programs) are action sports and related activities which carry a significant risk of personal injury and even death. I/We hereby assume those risks, from all factors, known or unknown to me/us. The action sports and related activities referenced herein, together with free-skiing, non-competitive skiing, and non-competitive snowboarding undertaken in connection with competitive and formal training activities hosted by Associates, ASC and/or the Training Center are collectively referred to as "Sports Activities". Without limiting the foregoing, I/we acknowledge that:

1. The Sports Activities are hazardous activities and I/we have made a voluntary choice to participate in those Sports Activities despite the risks. I/We also acknowledge and agree that this Waiver and Release is intended to extend to and include not only natural and man made obstacles or hazards, surface and environmental conditions, and risks inherent in my/our participation and the participation of others in the Sports Activities, including ice, poor visibility, cold or freezing conditions, conduct, variations in terrain, moguls, forest growth, rocks and debris, lift towers and other obstacles, as well as the risks of collision with other skiers/riders and of the failure of skiers/riders to ski within their own ability. I/We have been given an opportunity to visually inspect the cross-country trails and/or race course, Training Center facilities, and the ski areas owned or operated by the Released Parties. I/We hereby assume and accept the risk of all natural and man made conditions at those ski areas and facilities;

2. The aforementioned risks, alone and in combination with my/our actions, the actions of other skiers/riders, or actions of my/our minor child(ren) can cause severe or possibly even fatal injury to myself, my/our child(ren) or others. I/We acknowledge that I/we, or my/our minor child(ren), as participants or users of the ASC/Associates facilities and property, understand and assume and accept these risks and hazards whether known or unknown.

Having read and understood the foregoing, on behalf of myself(each undersigned adult participant), and my/our minor child(ren) (if applicable), I/we hereby waive any and all claims, demands, liabilities and recourse against the Associates; ASC; Boreal Ridge Corporation; Powdr Corporation; Alpine Meadows Ski Area, Northstar at Tahoe, Booth Creek Holdings, Inc., United States Ski Association; Far West Skiing Alpine; Far West Nordic Ski Education Association; United States Forest Service; all sponsors and the agents, agencies, affiliates, members, officers, competition officials, volunteers, directors and employees of all the above organizations (Collectively, the "Released Parties") arising out of or relating to wrongful death, personal injury or property damage suffered by an undersigned adult participant or my/our child(ren) from participation in any happening, Sports Activities in any way related to the ASC/Associates Nordic and Alpine programs and any and all training center activities, events or programs. WITHOUT LIMITING THE FOREGOING, IT IS MY/OUR INTENTION THAT THIS WAIVER AND RELEASE EXTEND TO AND INCLUDE CLAIMS, DAMAGES AND LIABILITIES ARISING OUT OF OR RESULTING FROM THE NEGLIGENCE OF ANY RELEASED PARTY TO THE FULLEST EXTENT ALLOWED BY LAW.

I/We understand this is a RELEASE OF LIABILITY that is valid FOREVER, which will prevent me/us, my/our child(ren), or my/our heirs from filing suit or making any claim for damages in the event of injury or death to an undersigned adult participant or my/our child(ren). Additionally, in the event I/we file or, my child(ren), or my legal representative files a claim or lawsuit arising out of participation in Sports Activities in any way related to the released parties or the facilities of the released parties, I/WE AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES, for any damages, attorneys' fees or costs arising out of such a claim or lawsuit. With the aforesaid fully understood I/we nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon each of the undersigned adult participants, my/our child(ren), my/our heirs, assigns and legal representatives.

I/we are signing this waiver and release form with the full knowledge of California Civil Code Section 1542, which reads: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor." The provisions of this statute are hereby waived. By signing below, I/we are indicating acceptance of this waiver and release, and I/we are representing that the undersigned adult participants or my/our minor child(ren) are in sufficiently good physical condition to participate in the programs and activities of the Associates without jeopardizing our health and have not been advised otherwise by a qualified medical person that and undersigned adult participant or my/our minor child(ren) cannot participate.

I/We agree that if any action is initiated with respect to the enforceability, validity or interpretation of this Agreement that action will be brought in a Court of competent jurisdiction in the County of Placer, State of California. Any disputes will be subject to and determined under the laws of the State of California. The invalidity of any provision or portion thereof of this Agreement shall not affect the validity or enforceability of any other provision.

THIS SECTION TO BE COMPLETED BY PARTICIPANTS AGE 18 AND OVER
BY SIGNING BELOW I ACKNOWLEDGE I'VE READ PAGE ONE AND PAGE TWO OF THIS WAIVER AND RELEASE

Name of participant if over age 18, (print) _____ Date: ___/___/___ Time: _____

Signature of participant if over age 18, _____

Name of participant if over age 18, (print) _____ Date: ___/___/___ Time: _____

Signature of participant if over age 18, _____

THIS SECTION TO BE COMPLETE ON BEHALF OF MINORS UNDER THE AGE OF 18
BY SIGNING BELOW I ACKNOWLEDGE I'VE READ PAGE ONE AND PAGE TWO OF THIS WAIVER AND RELEASE

Minor participant name (print): _____ DOB: ___/___/___

Minor participant name (print): _____ DOB: ___/___/___

Minor participant name (print): _____ DOB: ___/___/___

Minor participant name (print): _____ DOB: ___/___/___

Minor participant name (print): _____ DOB: ___/___/___

Signature of parent or legal guardian: _____ Date: ___/___/___ Time: _____

Relationship to minor(s): _____



Boreal Mountain Resort
 P.O. Box 39
 Truckee, CA 96160
 (530)426-3666
 www.RideBoreal.com

Auburn Ski Club Season Pass Form

Pass Type:	ASC Team Adult (13-59)	\$159
	ASC Team Child (5-12)	\$69
	ASC Parent/Volunteer	\$229
	ASC Team Night Pass	\$79
	ASC Coach	---

Pass is valid for the 2009/2010 season. Not valid with any other offer.

Instructions: Please complete the order form, read and sign the "conditions of Issuance" and "Release of Liability and Indemnity Agreement" on the back side of this page. Return completed form along with full payment to Boreal Mountain Resort. Proper identification will be required to pick up your Season Pass. Your Season Pass MAY NOT BE SOLD OR TRANSFERRED, NO REFUNDS OR CREDITS WILL BE GIVEN ON SEASON PASSES WHICH ARE NOT PICKED UP OR USED.

(PLEASE PRINT)

Have you had a pass to Boreal before? Yes No

Name _____ Phone () _____
 (Last, First)

Mailing Address _____

City, State, Zip _____

Birthdate _____ Age _____

Email (provide if you'd like to receive updates from Boreal) _____

Name NA Relationship NA Birthdate NA Age NA Price NA

Name NA Relationship NA Birthdate NA Age NA Price NA

Name NA Relationship NA Birthdate NA Age NA Price NA

Total Paid _____

Circle: ski or board Were you a passholder from another resort? _____ If yes, where? _____

PLEASE CHARGE MY CREDIT CARD VISA MC AMEX DISCOVER

Cardholder Name NA Signature NA

Card Number NA Expiration Date NA

PLEASE READ AND SIGN "CONDITIONS OF ISSUANCE" ON BACK SIDE

For Boreal Use Only

Amount Paid _____ Method _____ Date Paid _____ Accepted By _____

CONDITIONS OF ISSUANCE FOR ALL BOREAL AND SODA SPRINGS SEASON PASSHOLDERS

Your Season Pass ("Pass") is for your use and enjoyment. Listed below are some rules and guidelines we hope will make your mountain experience more enjoyable. This is only a partial list, **use common sense and good judgment**. If you are in doubt please ask our professional ski patrol. In using the Pass and the facilities at Boreal and Soda Springs ("Boreal"), the passholder agrees to be bound by the following rules:

1. **I AGREE** to ski/snowboard under control at all times and in such a manner that I can stop or avoid other skiers, snowboarders, objects, or other persons. When skiing/snowboarding downhill, or overtaking another skier or snowboarder, I will avoid the skier/snowboarder below me. **I WILL NOT** stop where I am obstructing a trail or where I am not visible from above. When entering a trail or starting downhill, I will yield to others.
2. **I WILL** use brakes or other state-of-the-art stopping devices to prevent runaway skis, snowboards, or other snow sports equipment.
3. **I WILL** keep out of all areas marked "Closed" or "Closed Area."
4. **I WILL** always observe and obey all posted signs, warnings, the SKI AREA RESPONSIBILITY CODES, and all other ski area rules.
5. **I UNDERSTAND** that violating any safety rule may result in the immediate loss of all skiing/snowboarding privileges and possible criminal prosecution under California Penal Code sections 653i and 602(r), including possible fines and jail time.
6. **I UNDERSTAND** that use of my Pass by anyone other than myself or use at any time other than designated by the Pass will constitute FRAUD and will result in the immediate loss of all privileges without compensation.
7. **I UNDERSTAND** that if I lose my Pass or if it is stolen, I must notify the special tickets desk, and at the resorts' discretion, the Pass may be replaced for a \$50.00 fee. If I forget my Pass on any given day, I will have to purchase a lift ticket for that day.
8. **I UNDERSTAND** that my Pass and the privilege to use the facilities of the ski resort may be revoked at any time (without compensation) by Ski Patrol or Management for violations of this agreement or ski area rules.
9. **I UNDERSTAND** that Boreal reserves the right to restrict passholders' use for any reason or to close the resort for any special function.
10. **I UNDERSTAND** that my Pass is valid only during the 2009/2010 season (as long as the resorts operate for passholders) and that night passes are valid during night season operation only, unless otherwise indicated.

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

By signing this Release of Liability and Indemnity Agreement, I am acknowledging that I or my child (collectively referred to as "I" or "my") have chosen to participate in winter sports activities and/or other recreational activities at Boreal Mountain Resort and/or Soda Springs Mountain Resort, including but not limited to, skiing, snowboarding, snowtubing, sledding, all other winter sports, and all activities at Boreal Playland, Soda Springs Planet Kids, and Mini-Snowmobiles (collectively, the "sport"). I understand that my participation in the sport poses risks of **INJURY** and **DEATH** to me. These risks include, but are not limited to, variations in snow and terrain, variable snow conditions, avalanches, cliffs, use of rental equipment, loss of control, encounters or collisions with trees, rocks, fences, terrain features (natural or man-made), other participants in the sport and/or spectators, snowmaking or snowgrooming equipment and their components, snowmobiles and other vehicles, all manmade or natural obstacles (padded or not) whether they are obvious or not, as well as use of terrain parks, halfpipes, rails, and other features. Other risks also include, but are not limited to, bare spots, bumps, moguls, ice, steep terrain, stumps, forest growth and debris, erosion control devices, and other slope hazards and obstacles. Other risks include those associated with the use of the facilities, including mountain transportation, lifts, terrain parks (jumps, rails, boxes, half pipes, and other park features), slope style, skier/boarder-cross, performing maneuvers (inverted or otherwise), walking in lodges and parking lots, and participating in lessons, races, tubing, sledding, and special events (collectively, "use of the facilities"). Despite these risks and all other risks, and to the fullest extent allowed by law, **I AGREE TO EXPRESSLY ASSUME ALL RISKS OF INJURY OR DEATH** that might be associated with or arise out of my participation in the sport or use of the facilities.

I further understand that during my participation in the sport or my use of the facilities, I may encounter various manmade and natural terrain features, including features in terrain parks. I understand that if I enter a terrain park, I must inspect the elements and terrain before I ski or ride over them to evaluate the risks and degree of difficulty before participating. I understand that throughout the day snow conditions and terrain features will change. I am solely responsible for knowing and understanding my ability to encounter all terrain features.

In consideration for being allowed to participate in the sport and use the facilities, **I AGREE TO RELEASE FROM ANY LEGAL LIABILITY AND AGREE NEVER TO SUE** Boreal Ridge Corporation, Soda Springs, Powdr Corporation, Inc., Auburn Ski Club, or any of their parent companies, subsidiaries, owners, employees, agents, landowners, or The United States of America Department of Agriculture, Forest Service (collectively referred to herein as "Boreal") for injury or death resulting from my participation in the sport or use of the facilities, regardless of the cause, to the fullest extent allowed by law, including the alleged **NEGLIGENCE** of Boreal. I further agree to defend, indemnify and hold harmless Boreal for any claims, lawsuits, damages, attorney fees, costs or judgments for personal injury or personal property damage, related in any way to my participation in the sport or use of the facilities.

I UNDERSTAND THIS IS A RELEASE OF LIABILITY THAT IS VALID FOREVER, and will apply whenever I participate in the sport or use the facilities at Boreal. I understand that this **RELEASE OF LIABILITY** will prevent me, my child, or my heirs from filing suit or making any claim for damages in the event of injury or death from my participation in the sport or use of the facilities. Additionally, in the event I file or my child or my legal representative files a claim or a lawsuit arising out of participation in the sport or the use of the facilities at Boreal, **I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS** Boreal for any damages, attorney's fees or costs arising out of such a claim or a lawsuit. With a full understanding of this agreement, I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my child, my heirs, assigns and legal representatives.

I understand and agree that this agreement is severable and that if any clause is found to be invalid, the balance of the contract will remain in effect and will be valid and enforceable. I agree that any action will be brought in the County of Nevada, State of California, or alternatively, in a court of competent jurisdiction in the State of California. Any disputes will be subject to and determined under the laws of the State of California.

Signature of Applicant _____ DATE _____

Prospective applicants under the age of 18 years are required to have a parent or legal guardian read and sign this Agreement.

PRINT NAME OF PARENT/LEGAL GUARDIAN _____ DATE _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE _____

THIS IS A RELEASE OF LIABILITY - DO NOT SIGN UNLESS YOU AGREE TO BE BOUND BY IT TERMS

ALPINE MEADOWS SKI RESORT

WINTER SPORTS ACTIVITIES RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I, _____, or my child (collectively referred to as "I" or "my") have voluntarily applied to participate in winter sports activities and/or other recreational activities, including skiing, snowboarding, all other snow sports, racing, special events, instruction, and all activities (collectively referred to as "the activities") at Alpine Meadows Ski Resort. I understand that my participation in the activities poses risks of INJURY and DEATH to me and/or my property. These risks include, but are not limited to, variations in terrain and variable snow conditions, use of ski runs, use of rental equipment, loss of control, encounters or collisions with trees, rocks, fences, racing gates, finish posts, timing equipment, terrain features (natural or man-made), other participants in the activities and/or spectators, snowmaking or snowgrooming equipment and their components, snowmobiles and other vehicles, all manmade or natural obstacles (padded or not) whether they are obvious or not, as well as use of terrain parks, halfpipes, rails, and their features. These obstacles and other risks also include, but are not limited to, bare spots, bumps, moguls, ice, terrain park features, stumps, forest growth and debris, rocks, subsurface conditions, erosion control devices, and other slope hazards and obstacles. Despite the risks involved, and in consideration of the right to participate in the activities, **I VOLUNTARILY AGREE TO EXPRESSLY ASSUME ALL RISKS OF INJURY OR DEATH** that might be associated with participation in the activities or any use of the facilities at Alpine Meadows Ski Resort, including, but not limited to, chairlifts, surface lifts, or other mountain transportation, and participating in the activities beyond the ski area boundary (collectively referred to as "use of the facilities").

I further understand that I may encounter various manmade and natural terrain features during participation in the activities or use of the facilities. I further understand that using terrain features may result in my body becoming inverted (either deliberately or involuntarily) and that inverted maneuvers may result in injury or death. I understand that I must inspect the elements and terrain before I ski or ride over them to evaluate the risks and degree of difficulty before participating. I understand that throughout the day snow conditions and terrain features will change. I also agree that I will use a retention device at all times, including while skiing, riding or hiking in the ski area.

In consideration for being permitted to participate in the activities, I AGREE TO RELEASE FROM ANY LEGAL LIABILITY AND AGREE NEVER TO SUE Alpine Meadows Ski Resort, Alpine Sierra Ventures, LLC, JMA Alpine Manager, LLC, JMA Ventures, LLC, the United States of America, Department of Agriculture, United States Forest Service, and their owners, investors, officers, directors, managing agents, employees, agents, landowners and all affiliated companies (collectively referred to as "Alpine") for injury or death resulting from my participation in the activities or use of the facilities, regardless of the cause, to the fullest extent allowed by law, including the alleged NEGLIGENCE of Alpine. I further agree to defend, indemnify and hold harmless Alpine for any claims, lawsuits, damages, attorney fees, costs or judgments arising out of my participation in the activities or use of the facilities.

I UNDERSTAND THIS IS A RELEASE OF LIABILITY THAT IS VALID FOREVER, which includes any time I choose to participate in the activities or use the facilities at Alpine Meadows Ski Resort. I understand that this RELEASE OF LIABILITY will prevent me, my child, or my heirs from filing suit or making any claim for damages in the event of injury or death from my participation in the activities. Additionally, in the event I file or my child or my legal representative files a claim or a lawsuit arising out of participation in the activities or the use of the facilities at Alpine, I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS Alpine for any damages, attorney's fees or costs arising out of such a claim or a lawsuit. With a full understanding of this agreement, I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my child, my heirs, assigns and legal representatives.

I hereby authorize the use and reproduction of my image and/or likeness by Alpine and its authorized representatives, without compensation or restriction, and that any images or video will remain the exclusive property of Alpine. If I am a PHOTOGRAPHER, I understand that images I take at Alpine Meadows may be used by Alpine at any time.

I understand and agree that this agreement is severable and that if any clause is found to be invalid, the balance of the contract will remain in effect and will be valid and enforceable. I agree that any action will be brought in the County of Placer, State of California, or alternatively, in a court of competent jurisdiction in the State of California. Any disputes will be subject to and determined under the laws of the State of California.

Signature of Applicant _____ Date _____

Prospective applicants under the age of 18 years are required to have a parent or legal guardian read and also sign, verifying that both parent/guardian and applicant have read and/or understand the terms of this agreement and will be bound by its terms.

Print Name of Parent/Legal Guardian _____ Relation _____

Signature of Parent/Legal Guardian _____ Date _____