



**ASSUMPTION OF RISK & RELEASE OF LIABILITY FOR
Participation in the Torchlight Parade Event on 12/31/2018 Estimated time 4:00 – 5:30pm**

ADULT NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DOB: ___/___/___ **Email:** _____

List Names of all participants under 18 years of age under your care for this event:

Torchlight Parade: I understand that any of my clothing: coat, pants, hat etc. and any equipment I use could be burned by the torches. I accept this risk freely! **Initial:** _____

I understand that any injury as a result of participation in this event is solely my responsibility and I release Lookout Pass Associates, their representatives and staff from any and all responsibility for myself, and for any family members, or youth under 18 in my care that I choose to have participate in this event. **Initial:** _____

Helmets, Goggles or Eye glasses are strongly recommended for ALL participants!

I hereby voluntarily request to participate in the Torchlight Parade Event at Lookout Pass Ski and Recreation Area. I understand that this type of activity may be dangerous. I agree to follow all rules as outlined by the coordinator. I certify that I am capable of skiing or snowboarding the path outlined for the event. 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 choice to participate, I assume all risks. 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, and any youth under my care. 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, SPONSORS, COACHES AND VOLUNTEERS NOW AND IN PERPITUITY FROM ANY AND ALL LIABILITY FOR DAMAGE, PERSONAL INJURY OR DEATH RESULTING FROM PARTICIPATION IN THIS SPECIAL ACTIVITY OR EVENT, 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)

GUARDIAN SIGNATURE (Must Be 18yrs+)

DATE

PARTICIPANT SIGNATURE (All Ages) _____

