



RELEASE OF LIABILITY FORM SNOW BOWLING CONTEST

January 26, 2020

PRINT Parent: _____
PRINT Child / Children _____
ADDRESS: _____
CITY: _____ STATE: ___ ZIP: _____ DOB: __/__/____
MALE: ___ FEMALE: ___ Email: _____

**HELMETS RECOMMENDED FOR ALL
PARTICIPANTS**

ASSUMPTION OF RISK and RELEASE OF LIABILITY

I hereby voluntarily request to participate in a Snow Bowling Contest/Event at Lookout Pass Ski Area. I understand that this type of activity may be dangerous. I agree to visually and physically inspect the course, and the adjacent areas and the sliding device and bowling ball pins, before competing in 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 use of the course & saucer, I assume all risks, including the condition of the course, the sliding device and bowling ball pins, 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 and any children in 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, COACHES AND VOLUNTEERS 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.

PLEASE PRINT:
PARTICIPANT'S NAME(S): _____, _____, _____

PARENT/GUARDIAN NAME (**PRINT**) SIGNATURE (MUST BE 18yrs+) DATE

