



**ASSUMPTION OF RISK AND RELEASE OF LIABILITY FOR:  
Torchlight Parade 12/31/2019 Required for all participants (Guests & Employees).**

**ADULT NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**DOB:** \_\_\_/\_\_\_/\_\_\_ **Email:** \_\_\_\_\_

List names of all participants under 18 years of age, directly under your care for this event at bottom of the page:

**Torchlight Parade:**

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 years of age in my care that I choose to have participate in this event. **Initial:** \_\_\_\_\_

**Helmets and Goggles are strongly recommended for ALL participants!**

I hereby voluntarily request to participate in the Torchlight Parade Event at Lookout Pass Ski 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 following directions and making safe choices in regards to 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, my heirs 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 AN 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)	Participant Signature (All Ages)	DATE
_____	_____	12/31/2019
_____	_____	12/31/2019
_____	_____	12/31/2019
_____	_____	12/31/2019

**PARTICIPANT or Guardian SIGNATURE for all names under 18 listed above:** \_\_\_\_\_

