BIB #

CAPiTA's Minor Threat
April 5th, 2014

NAME:

ADDRESS:

CITY, STATE, ZIP:

BIRTHDATE: AGE:

PHONE:

EMAIL:

AGE GROUP:

13-14 *11-12* *9-10* *8 & Under*

ALL PARTICIPANTS MUST HAVE PARENT/GUARDIAN SIGNATURE

HELMETS REQUIRED!

Registration/Practice: 9:00am - 10:00am
Rider Meeting: 10:15am
Event Starts: 10:30am

Spectators must have proper equipment to access course.

There are NO foot traffic uploads on the Brooks Chairlift.

SNOWBOARDING ONLY!

ASSUMPTION OF RISK & LIABILITY RELEASE:

CAPiTA's 5th Annual Minor Threat! - Saturday, April 5th, 2014

In consideration of being allowed to train and/or participate in the skiing/snowboarding activity/event above: I recognize skiing/snowboarding is a hazardous activity, which can result in serious injury or death. I accept the risks inherent in skiing/snowboarding activities, competition, training, and the ski area/mountain environment. I agree to **RELEASE, HOLD HARMLESS, and INDEMNIFY, STEVENS PASS MOUNTAIN RESORT, LLC**, and their employees, directors, owners, course maintenance workers, landowners, and agents from all claims for any injury or damage resulting from any cause, including negligence while participating in the competition and corresponding activities, including training.

I AGREE THAT INVERTED AERIALS ARE NOT RECOMMENDED!

INITIAL HERE:

This release is binding, and I understand, not only upon myself but also to my heirs, administrators, executors, and assigns. I am aware that skiing/snowboarding of this type is inherently risky and dangerous. Terrain features may be icy, rutted, and/or bumpy. I agree to visually and physically inspect the area of use and adjacent areas prior to using the course. I am aware that by using the terrain area, I assume the risks of this event and the conditions of the area and adjacent areas including the risk of falling or colliding with any person or objects.

INITIAL HERE:

I consent the use by **STEVENS PASS MOUNTAIN RESORT, LLC** of any pictures (video or print) for commercial purposes, or otherwise, of me in connection with the activities of STEVENS PASS MOUNTAIN RESORT, LLC.

INITIAL HERE:

If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses and claims incurred from the minor's participation in this activity. I agree to **RELEASE, HOLD HARMLESS, and INDEMNIFY, STEVENS PASS MOUNTAIN RESORT, LLC**, and their employees, directors, owners, course maintenance workers, landowners, and agents from all claims for any injury or damage resulting from any cause, including negligence, brought by the minor.

GUARDIAN INITIAL HERE:

MY SIGNATURE BELOW MEANS that I have read the above release and fully understand the conditions stated within the ASSUMPTION OF RISK & LIABILITY RELEASE.

PARENT/GUARDIAN SIGNATURE: ***Date:***