ACKNOWLEDGMENT OF RISK AND DUTY OF CARE

I am signing this document as a condition to participation in one or more of the recreational activities made available at Red Lodge Mountain Resort. This represents my express acknowledgment that the activities in which I may choose to participate at Red Lodge Mountain involve inherent and other risks and that I could suffer injury or death while participating. I am voluntarily participating in the activity or activities, with an understanding of and notwithstanding the risks. I also understand that I have the right and opportunity to investigate the risks associated with the activity and to inspect the facilities, location or equipment associated with the activity or activities. I acknowledge my personal responsibility to advise myself of the risks of the activities and to act reasonably under the particular circumstances of my participation in the activity. I agree to act responsibly and reasonably.

responsibly and reasonably.	
[] I am over the age of 18 years.	
[] I am under the age of 18 years. If I am under 18 year parents or legal guardian has read and agreed to this Release as indicated signature below. The parent or guardian signing below also agrees that Lodge Mountain, or its representatives has permission and authority to address medical conditions and emergencies as they deem appropriated signing parent or legal guardian also agrees to pay any charges for such treatment and will indemnify Red Lodge Mountain Resort, or its representatives as me.	ted by their t (1) Red treat and (2) the h medical
I have made no misrepresentation regarding my name or age.	
Participant's Signature	Date
Print Name	
Parent/Legal Guardian Signature	Date
Print Name	