









Assumption of Risk and Release of Liability Form

Participant's Name:	
	Address:
Emergency contact nar	ne/phone number:
Activity:	Description of Activity:
This Assumption of Ri	sk, Release and Medical Authorization Agreement ("Agreement") is entered into for the benefit of
•	Racing Association ("MASRA"), Mt. Hood Meadows Oregon Ltd., the other organizers of skiing
instruction & coaching	, ski races and the other ski areas where races/events may be held and, in each case, their respective
officers, directors, part	ners, members, owners, employees, agents, volunteers, landowners, affiliated entities, successors and
assigns (collectively re	ferred to in this Agreement as the "Protected Parties") as a condition to the Racer/Participant
	ski races, race training, free skiing, snowboarding, special events and all other activities sponsored or Protected Parties or in which any of the Protected Parties may participate (collectively referred to in this
	ies") during the ski season indicated above.
Please read, then initia	/sign each section below.
т	understand this agreement contains a recognition that this activity is voluntary on
	_, understand this agreement contains a recognition that this activity is voluntary, an
	sumption and acceptance of the significant risks, a recognition that the Participant will participates hese risks, a general release of claims and liability for death, injury or property damage, an
	medical treatment and an agreement to indemnify and be solely responsible for certain expenses,
claims and liabilities.	medical treatment and an agreement to indemnity and be solely responsible for certain expenses,
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Ι,	, understand my participation in the Activity is voluntary. I understand that participation in
this Activity	may expose me to risks of injuries. Some of these risks are foreseeable, but some are unforeseeable.
Examples of	risks include physical injury, emotional injury, property damage, economic loss, non-economic loss, and
deprivation of	f rights, privileges, and immunities. Some of these risks cannot be eliminated due to the nature of the
Activity. I u	nderstand that these risks could cause harm to me, my property, and other persons.
Ι,	the undersigned, acknowledges and assumes the risk inherent or otherwise that skiing
and particip	ation in the Activities are HAZARDOUS activities which carry with them significant risk of serious
personal inj	ury, death or property damage. I also know that there are natural, mechanical and environmental
conditions ar	d risks which independently or in combination with the Activities may cause property damage or severe
or even fatal	injuries to me or others. I have made a voluntary choice to participate in the Activities and, in the case of a
parent or gua	rdian, to allow my child or ward to participate in the Activities. I agree to accept all responsibility for the
risks, conditi	ons and hazards which may occur whether or not they are now known or contemplated by me. Through

this Acknowledgement and Assumption of Risks I agree that case of a parent or guardian, of the Participant while particip maintaining the equipment necessary for the safe enjoyment	pating in the Activities and providing, utilizing and
the case of a parent or guardian, by the Participant.	
I,	nity to participate in the Activity, I voluntarily agree to lood Meadows Race Team (Meadows Amateur Ski sses regardless of cause, including claims for any ts, to the fullest extent allowed by law, for myself, my nees, and my successors. I also agree to release, exonerate, pirectors, the individual members thereof, and all officers, tiability, claims, causes of action, or demands, including my property, or losses of any kind which may result from or
I, HEREBY EXPRESSLY ASSUME ANY A INCLUDING THE RISKS OF INJURY, DEATH OR PROPERTY THE SAFETY AND MEDICAL INSURANCE COSTS OF THE F	Y DAMAGE AND SOLE RESPONSIBILITY FOR
I, the undersigned, specifically acknown for my safety or, in the case of a parent or guardian, the safe maintain throughout the entire ski season specified above, varing and in the case of a parent or guardian, my child or ward release all Protected Parties from providing this coverage.	ety of the Participant. I currently have, and I agree to alid and sufficient medical and accident insurance covering
I,, by this instrument AGREE TO EXEMPT EMPLOYEES, AGENTS, AND ALL OTHER RELEASED PART or responsibility whatsoever for personal injury, property damage limited to, negligence of the released parties, whether passive or action of the released parties.	TIES DESCRIBED ABOVE FROM ALL LIABILITY es or wrongful death however caused, including but not
In the event that I require emergency medical treatment while participal secure the help of a medical services provider and to incur the expense services provider. I agree to provide for the payment of these expenses	es for medical services recommended by the medical
This Agreement is intended to be as broad and inclusive as is permitted this Agreement is held to be invalid or legally unenforceable for any reaffected thereby and shall remain valid and fully enforceable.	
I have informed myself of the contents of this assumption of risk a before signing below on behalf of me and my heirs and I freely and notwithstanding such, I agree to participate in this activity. I further center into this Agreement.	voluntarily assume all risks of such hazards and
Signature of Participant:	Date:
Signature of Guardian (if younger than 18):	Date: