SUNDAY RIVER SKIWAY CORPORATION/ RELEASE AGREEMENT PLEASE READ CAREFULLY BEFORE SIGNING

Participant name		Age
Parent or Guardian Name (of minor)_		
Address		
		Emergency Phone #2
Insurance Co & Policy Number		
Any medical problems to be aware of	such as drugs, allergies, se	zizures, etc.
the receipt of such permission being h receiving the benefits of participation i of such permission and benefit being i servants, and employees, of and from or related to any loss, damage, or inju Premises, or any Premises leased to,	nereby acknowledged, and in any race, contest, programereby acknowledged, I her any and all liability, claims, ry, including death, that I mowened by, sanctioned by, cernises leased to or under the	er upon the lands and premises of Sunday River (the "Premises" in further consideration of receiving permission to participate and in, special event or other activity held at the Premises, the receipt eby release Sunday River , its agents, officers, directors, owners, demands, actions and causes of action, whatsoever arising out cay sustain, or to any property of mine, while in, or upon these or under the control or supervision of Sunday River , or enroute to be control or supervision of Sunday River in connection with or or other activity.
program, special event, or other activit the present condition of the Premises during the time I am upon the Premise injury, including death from any risks of by myself or to any property of mine w race, contest, program, special event the Premises on the part of Sunday R	ty held at said Premises. It and knowing that said cond as. I hereby voluntarily assuber negligence of any kind, the hile in, on or about said Preor other activity, including autiver or any of its officers, diany claim for any loss, dama	upon said Premises and/or in participating in any race, contest, nereby elect to voluntarily to enter upon said Premises, knowing ition may change and become more hazardous and dangerous ime and accept all risks of loss, property damage or personal at I may encounter while on Premises, and that may be sustained emises, whether or not connected with or related in any way to sainly alleged negligence in the operation, maintenance or design of rectors, owners, agents, or employees. I also agree to indemnifuse, and injury including death that may be sustained by me or to
Sunday River or any of its agents, off Sunday River facilities, shall be subm	icers, directors, owners, ser itted to the jurisdiction of the isdiction. This release shall	y reason against Sunday River Skiway Corporation , dba/ vants, and employees or any disputes arising out of the use of the e State or Federal court in the State of Maine, and that no claim o I be binding upon myself, and my heirs, next of kin, guardians,
The undersigned further authorizes an or any other medical personnel if mediassociated with this injury.	d gives consent to be trans cal assistance and/or treatn	ported to medical help by ambulance and/or treated by a physicia nent is needed. I agree to accept full costs for all treatment
my parent(s) or legal guardian. A PAR c) That I am not an agent, servant, or e promoter(s). d) I understand that this ski area has s wearer from all foreseeable impacts or IN WITNESS WHEREOF, I have heret	use, understand it and sign in ind am of sound mind, or if IRENT OR LEGAL GUARDIA employees of Sunday River ki helmets available for rent injuries.	t voluntarily; less than 18 years of age, I have discussed this matter fully with IN MUST SIGN IF I AM UNDER 18 YEARS OF AGE. and/or any of the agents, officers, servants or employees of the or sale. However, I am aware that no helmet can protect the day of, 20
I have read and understood all of the a . PRINT NAME.		Date Age
PARENT / GUARDIAN SIGNATURE (ır under age 18)	Date

Original to be sent to Sunday River