PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Friends of the Mountain, d/b/a Big Sqaw Mtn. Ski Area, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "BSMSA"), I hereby agree to release, indemnify, and discharge BSMSA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in Ski School, Skiing Instruction and Guided Snowcat Tours Activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: hidden obstacles by snow including crevasses, ice and snow cornices, tree wells, tree stumps, creeks rocks and boulders, below the snow surface; loss or damage to equipment being used; being lost or separated from guides or companions by traveling in forested areas, rugged terrain, or bad weather; exposure to altitude; acute mountain sickness, exhaustion, cerebral and pulmonary edema; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; my own physical condition, and the physical exertion associated with this activity; major injuries are a risk as are pinches, bruises, abrasions, strains, burns, cuts and lacerations; exhaustion; as are musculoskeletal injuries including head, neck, and back injuries; injuries to internal organs; the negligence of participants, or other persons who may be present, varying and difficult weather; exposure to temperature and weather extremes which could cause hypothermia, frostbite, frostnip, hypoxia, sunburn, or dehydration; encounters with animals and wildlife; altitude sickness; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; The areas may not have been traveled previously and are not regularly patrolled. Weather and altitude can be extreme and can change rapidly without warning. Natural forces including steepness of slopes, snow depth, instability of snowpack or varying and difficult weather and snow conditions may cause avalanches. Communication in this mountain terrain is always difficult and in the event of an accident, rescue and medical treatment may not be immediately available.

Furthermore, BSMSA personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless BSMSA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of BSMSA's equipment or facilities, including any such claims which allege negligent acts or omissions of BSMSA.
- 4. Should BSMSA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against BSMSA, I agree to do so solely in the state of Maine, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against BSMSA on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at BSMSA. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name		DOBPhone Number	
Address		City	
State	Zip	<u>Email</u>	
Signature of Participant		Date	
		UARDIAN'S ADDITIONAL INDEMNIFICATION ompleted for participants under the age of 18)	
being permitted by BSMSA t	to participate in its act and all claims which a	ame(s))ctivities and to use its equipment and facilities, I further agree to indemnify an re brought by, or on behalf of minor(s), and which are in any way connected with	

Parent or Guardian: