

“SKI FOR LIGHT MONTANA”

The Release and Consent statements on this page must be signed by the participant, guide or Volunteer, “SKI FOR LIGHT MONTANA “ in West Yellowstone, Montana.

I. RELEASE FROM LIABILITY:

In consideration of being allowed to participate in the “SKI FOR LIGHT MONTANA” event,

I, _____ (*please print name*) hereby release “SKI FOR LIGHT MONTANA”, and all other sponsoring members, agents, volunteer, employee, or any person officially connected with “SKI FOR LIGHT MONTANA” activities (i.e. the “providers”) from any duty of care towards me associated with activities connected with the event.

In so participating, I knowingly assume full responsibility for and risk of damage to personal property, personal injury or death arising from the activities. I understand that this release covers all aspects of the act of skiing, instruction, guiding, collision, condition of terrain, accommodations, board, travel and any other aspects of the “SKI FOR LIGHT MONTANA” activities.

I have knowledge of the above-mentioned specific dangers associated with the activities and I choose to participate in the event while waiving all right to bring any action against the Providers for activities connected with the Program.

I have read the foregoing release and I knowingly sign it.

SIGNATURE OF PARTICIPANT DATE

II. CONSENT TO TREATMENT

In the event that I should for any reason require any medical treatment and/or medication during the course of attendance at or participation in “SKI FOR LIGH MONTANA” activities, I authorize such first aid volunteers as “SKI FOR LIGHT MONTANA” my appoint or designate to cover the needed treatment, to take me to the emergency room of the nearest hospital or to any other medical treatment facility, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for my well-being.

SIGNATURE OF PARTICIPANT DATE

This consent to treatment form is applicable during the “SKI FOR LIGHT MONTANA” event in West Yellowstone, Montana.