

**GENERAL RELEASE**

**Connecticut Region/Thunder Ridge  
Eastern Division  
National Ski Patrol**

**PROGRAM OR EVENT:**

I, (*Participant's Name*) \_\_\_\_\_ wish to participate in the above program or event. By signing this document, I state that I have read and understand this document and agree its terms. I will not participate until I have delivered this signed release to the person in charge of registration for the program.

**1. Assumption of Risk.**

I understand that participating in this program will entail inherent risks of physical injury or death caused by or resulting from my activities or from the activities of other persons or equipment. Vigorous physical activity may be a part of the program. I am aware of the level of such activity and certify that I am physically capable of participating. The Connecticut Region of the National Ski Patrol and/or the Thunder Ridge Ski Patrol will not ascertain or evaluate my physical fitness to participate. I understand and acknowledge that that I may also encounter additional risks not inherent to a normal participant to the sport of skiing or snowboarding. These additional risks include, but are not limited to, risks of injury to any and all parts of my body and even the risk of death. These dangers can be caused or created by many factors, which include, but are not limited to, terrain (both on prepared or groomed ski runs and on areas not prepared, maintained or groomed), weather, natural obstacles, man-made obstacles, human error, variable snow conditions, avalanches, and other conditions inherent to my participation this training. The activity may consist of the use of machinery or mechanisms and may involve dangerous heights or mountainous topography. If after commencing participation, I feel that continued involvement would be personally dangerous, I will have the right not to continue. My participation is voluntary and will constitute consent by me to undertake such activity at my risk.

**2. Release and Indemnification.**

By signing this document, I affirm my acceptance of all of risks, property damage, personal injury, including death, which may be sustained by me as a result of my participation even if such is caused by the negligence of the the Connecticut Region of the National Ski Patrol and/or the Thunder Ridge Ski Patrol or one of its agents, and I release and discharge the Connecticut Region of the National Ski Patrol and/or the Thunder Ridge Ski Patrol and its agents from any and liability incurred.

I agree to indemnify and hold harmless the Connecticut Region of the National Ski Patrol and/or the Thunder Ridge Ski Patrol, including its agents, leaders, instructors and participants, from and against any loss, liability, damage or costs, including court costs and attorneys' fees, that it or they may incur as a result of my negligence arising from my participation in the activities.

**3. Emergency Medical Treatment**

I grant the Connecticut Region of the National Ski Patrol and/or the Thunder Ridge Ski Patrol and its representatives permission to authorize emergency medical treatment as might be appropriate and agree that the action connected with my care shall be subject to the terms of this agreement and that the Connecticut Region of the National Ski Patrol and/or the Thunder Ridge Ski Patrol shall have no responsibility arising out of treatment by other authorized emergency medical caregivers. I maintain medical insurance that covers me for accidents and illnesses while I am participating in these activities. I am fully responsible for payment of medical expenses, even those not covered by my insurance, incurred as a result of my participation in these activities. Nothing contained herein shall waive my right to benefits provided by the Workers' Compensation Insurance Program if it applies.

**4. Binding Effect.**

This agreement shall bind me, the members of my family and my spouse, my estate, heirs, administrators, assigns or personal representatives.

**5. Choice of Law.**

This agreement shall be construed in accordance with the laws of the State of New York without regard to its conflict of law rules. The Courts of the County in which the activities or incidents connected with this agreement shall have occurred shall be the forum for any lawsuits arising out of them. If one or more provisions of this agreement shall be held unenforceable, the validity of the remaining portions shall not be affected thereby.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**ADDENDUM TO RELEASE**

The above Participant is less than 18 years of age; the undersigned parent or guardian hereby consents to the above Participant participating in the EVENT/TRAINING and signs this Release on behalf of the Participant.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: (printed) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_