

TOP OF THE HILL GANG SKI AND SPORTS CLUB

Non Member Event Waiver

NAME OF EVENT: _____

The undersigned/participant (hereinafter referred to as "I"), agrees and understands that participation in the above event is a potentially HAZARDOUS activity. I recognize that there are risks, including but not limited to, walking, hiking, biking, skiing, cross-country skiing, transportation, accommodations, social and sporting events and any equipment provided. Nonetheless, I voluntarily elect to participate in the aforementioned activity.

Initial: _____

I hereby assume all risks which may be associated with and/or result from the participant's involvement in the above Top of The Hill Gang activity and hereby release and indemnify the Top of The Hill Gang, its officers and board members and their employees and agents from any liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by myself while participating in the above event including, but not limited to, those injuries and damages caused by negligence and/or breach of warranty, expressed or implied, on the part of the aforementioned entities arising from any activity associated with the above TOP OF THE HILL GANG event, or in any way related thereto.

By execution of this release, the above-mentioned entities shall be indemnified for any injury to other person(s) or property which the participant may cause as a result of engaging in this activity. I further assume the duty of knowing and accepting the condition of the premises upon which the event is held.

This release shall be binding upon the assignees, subrogors, distributees, heirs, next of kin, executors and administrators of the undersigned and may be pled by the above-mentioned entities as a complete bar and defense against any claim, demand, action or cause of action by or on behalf of the undersigned.

I HAVE CAREFULLY READ THE FOREGOING LIABILITY RELEASE, UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Participant

Date

(Please print participant's name)

IN CASE OF EMERGENCY PLEASE NOTIFY

Name (Please print emergency contacts name)

()
Telephone No.

October 1, 2005