## Race to the Summit Sunday, March 27, 2022

First Na	me	Last N	Last Name			A	age	
Address					Telephone			
City				State		ip		
Emergency Contact				Emergency Telephone				
E-mail				Notes				
	Product Cost			t Amount Due				
	Lift Ticket		N/C					
	Event Fee \$10		\$10					
	Total Paid							
	Payment USA MC DISC GIFT CARD CHECK# CAS					CASH		
	Card # Cardholder's Name			Expires V-Code				
	Date	Sales		Acct	v-Code			
include terrain park elements, jumps, slide rails and other man made features, changing weather conditions, bare spots, variations in snow, ice, forest growth, other ground cover, surface and subsurface conditions, and terrain, bumps, moguls, rocks, debris, equipment and machinery on slopes, collisions with other skiers and snowboarders and natural and man made objects, and skier/snowboarder error.  I agree and acknowledge that I have made a voluntary choice to participate in these activities at Bristol Mountain with the risk that they present. In consideration of being permitted to participate in a ski or snowboard instructional program at Bristol Mountain, I agree to ASSUME ANY AND ALL RISK OF INJURY OR DEATH, which might be associated with, or result from, my participation in these activities. I agree to accept all responsibility for the risks, conditions and hazards which may occur whether they now be known or unknown.  I further agree that I will accept and abide by all rules and regulations of Bristol Mountain, as well as all obligations that may be imposed upon by Article 18 of the General Obligations Law or any other law of the State of New York.  I have fully read and understand this Agreement and all of its terms. I understand that this acknowledgement and assumption may affect my legal claims for damages in the event of my death or any injury to me. I nevertheless enter into this Agreement freely and voluntarily agree that it is a binding upon me, my heirs, assigns, and legal representatives.  I agree that the terms of this Agreement shall be binding and shall be governed by the laws of the State of New York and that the terms of this document shall be								
admissible in evidence as a binding legal document between me and the persons and entities listed above in this Agreement.  Print Participant's Name Participant's Signature Age DOB Date								
Fillit Fattici	pants name	Farticipant's Signatu	ie .		Age	ДОВ	Date	
Parent Agreement – Required for Participants Age 18 and Younger  As parent and/or natural guardian of the above-named minor, I hereby give permission for my child or ward to participate in the aforementioned activities. I have read and understand the above ASSUMPTION OF ALL RISKS AGREEMENT, and on my behalf and on behalf of my child or ward, I agree to all terms contained therein. I have read and explained those risks and responsibilities to my child in an age appropriate manner and he/she has acknowledged that he/she understands and agrees to accept them.								
Print Parent	t's Name	Pare	nt's Signature				Date	