

GENERAL RELEASE

**Genesee Valley Region
Eastern Division
National Ski Patrol**

**Hunt Hollow Ski Patrol
Gore Mountain Holiday Charity Raffle**

I, _____ wish to participate in the Gore Mountain Holiday Charity Raffle (the "Event")

1. Assumption of Risk.

I understand that, if I am the winner of the Event, participating in activities related to the outdoor activities contains inherent risks, including, but not limited to the risk of personal injury, including catastrophic injury, or death or property damage, which may be caused by my activities or from the activities of other persons or equipment. Vigorous physical activity may constitute a part of this prize package. The Genesee Valley Region, Hunt Hollow Ski Patrol, National Ski Patrol, and their respective members will not ascertain or evaluate my physical fitness to participate in the Event. The Event may include activities that may consist of the use of machinery and/or mechanisms and may involve dangerous heights or mountainous topography. My participation in the Event is voluntary and will constitute consent by me to undertake such activity at my own risk.

2. Release and Indemnification.

I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, and my guests' HEREBY RELEASE, INDEMNIFY, HOLD HARMLESS, and FOREVER DISCHARGE, the Genesee Valley Region, Hunt Hollow Ski Patrol, National Ski Patrol and each their respective members, parents, affiliates, subsidiaries, directors, officers, agents, representatives, consultants, and/or employees (collectively, "RELEASEES"), from any and all claims, demands, losses, injuries, costs, expenses or damages of any kind, including damages for death personal injury, property damage or property loss, result from, whether in whole or in part or directly or indirectly, participation in the Event.

3. Emergency Medical Treatment

I understand that the RELEASEES 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 the EVENT or understand that if I am uninsured, I am fully responsible for payment of medical expenses, even those not covered by insurance, incurred as a result of my participation in the EVENT.

4. Choice of Law; Severability.

This Release (as defined below) 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 Release shall have occurred shall be the forum for any lawsuits arising out of them. If any part, term or provision of this Release shall be held void or unenforceable, the remainder of this Release shall not be affected thereby.

By signing this document, I state that I have read and understand this document and I agree to its terms (the "Release"). I cannot participate until I have delivered this signed Release to the person in charge of registration for the program.

Participant Signature

Please Print Name

Address

Telephone number

Dated: _____