

**ACKNOWLEDGMENT OF RISK  
AND DUTY OF CARE**

I am signing this document as a condition to participation in one or more of the recreational activities made available at Montana Snowbowl (Snowbowl). This represents my express acknowledgment that the activities in which I may choose to participate at Snowbowl involve inherent and other risks and that I could suffer injury or death while participating. I am voluntarily participating in the activity or activities, with an understanding of and notwithstanding the risks. I also understand that I have the right and opportunity to investigate the risks associated with the activity and to inspect the facilities, location or equipment associated with the activity or activities. I acknowledge my personal responsibility to advise myself of the risks of the activities and to act reasonably under the particular circumstances of my participation in the activity. I agree to act responsibly and reasonably.

I am over the age of 18 years.

I am under the age of 18 years. If I am under 18 years of age, my parents or legal guardian has read and agreed to this Release as indicated by their signature below. The parent or guardian signing below also agrees that (1) Snowbowl has permission and authority to treat and address medical conditions and emergencies as they deem appropriate; (2) the signing parent or legal guardian also agrees to pay any charges for such medical treatment and will indemnify Snowbowl for the same.

I have made no misrepresentation regarding my name or age.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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

Print Name \_\_\_\_\_