BOULDER RIDGE, WHITETAIL ADVENTURE & ROUNDTOP TUBING RELEASE & ASSUMPTION OF RISK AGREEMENT

Parent or Guardian Signature: _____

KL	ELIBE & HOSCIVII		<u></u>
NAME:	Please Print	DATE:	Tubing Date
	Please Print		Tubing Date
ADDRESS:			
E-MAIL:			
GROUP NAME (if	applicable):		
risks that could lead to seriou at various rates of speed; coll fencing, snowmaking and gr	is injury or death. These ris isions with other tubes, part cooming equipment; collision ness of terrain; varying surfa	ks include but are not limi icipants, or spectators; col ons with natural objects; ce conditions such as: ice,	now tubing contains inherent and other ted to: falling out of the tube; traveling lisions with man-made objects such as: collisions with associated equipment; ice chunks, wet or slushy snow, slippery
agree to read, understand, fol posted at the tubing area. I un	llow or ask for explanation anderstand that I can ask for a the same. I further understand	of all the rules, policies, and will receive instruction	nipment prior to any use of the same. It and tubing responsibility codes that are as on the use of the tubing slope and the rechild must be a minimum of five years
I accept for use, AS IS, the t	ubing area including the tub	oing slope, tubing lift, tube	s and other associated equipment.
			agree on behalf of myself and/or my
Mountain Resort, I HEREBY WHITETAIL MOUNTAIN PEAK RESORTS, INC., AN FROM ANY AND ALL LIA TO ANY PAST, PRESENT NEGLIGENCE ON THE P RELEASE IS ENFORCEA' FROM ANY CLAIM FOR MY SPOUSE'S USE OF TH	wed to use the tubing area a Y AGREE NOT TO SUE A Y OPERATING CORP., SI ND VAIL HOLDINGS, IN ABILITY RELATED TO Y OR FUTURE USE OF TH ART OF THE RESORT, BLE BY LAW. I FURTH LIABILITY RELATED THE HE FACILITIES, REGAR and affiliates to use any pho	AND TO RELEASE, SKI KI ROUNDTOP OPERA IC., AS WELL AS THEIR INJURY, PROPERTY L HE TUBING FACILITY INCLUDING ANY OTH ER AGREE TO INDEM TO INJURY AS A RESUR EDLESS OF ANY NEGL	, Whitetail Resort or Roundtop LIBERTY OPERATING CORP., TING CORP., SNOW TIME, INC., R AGENTS AND EMPLOYEES OSS OR OTHERWISE RELATED , REGARDLESS OF ANY ER CAUSE FOR WHICH A INIFY AND DEFEND THE SAME, LT OF MY, MY CHILD'S AND/OR IGENCE. I hereby grant permission and recording of me, or my family for
in which the incident occurred	d or in the United States Dis ed by the applicable laws of eable, all other parts shall be	trict Court for the Middle I the Commonwealth of Pen given full force and effect	e Court of Common Pleas of the County District of Pennsylvania. I further agree ansylvania. If any part of this agreement
I, the undersigned have read,	understand and agree to be	legally bound by the above	e release agreement.
Tubing participant signature: (If	a minor (under 18), the sign	ature of a parent or guardi	Date an is required below)