

## Volunteer Release Form

GP Adaptive Snowsports

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Parent or Advisor \_\_\_\_\_ Phone \_\_\_\_\_

In consideration of being allowed to participate in any way in GPAS's program, and related events and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used and if I believe to the best of my ability that anything is unsafe, I and/or the minor participant will immediately advise GPAS of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions, or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue GPAS, DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which hereinafter referred to as "releasee," from demands losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/We have read the above waiver and release, understand that I/we have given up substantial rights by signing it, have not changed it orally, and sign it voluntarily.

Participant \_\_\_\_\_ Date \_\_\_\_\_

For participants of minority age

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_