PARTICIPANTS RELEASE AND ASSUMPTION OF LIABILITY WITH PARENTAL APPROVAL

Sugar Bowl Training/Race Program Sugar Bowl Ski Resort PO Box 5, Norden CA 95724

Name and Date of Event	("Event"): MASTERS 2GS DUAL April 4-6, 2008	3	
We,	(print name of PARTICIPAN		
PARTICIPANT is under Bowl Training/Race Pro	r age eighteen at time of event) agree, as a condition gram or the Event:	of participation in the Sugar	
AND POSSIBL slalom poles, storm of the Signature of the S	ON IN SKI RACING INVOLVES MOTION, ROT LE CONTACT WITH NATURAL OR MANMADE CONTACT WITH NATURAL OR SPECTATORS, CHANGEABLE SNOW FREES, AND HAS INHERENT RISK OF INJURY OR OF AUTHORIZED ON BEHOMADE TO ASSUME ALL RISK OF INJURY OR DEATH Program or the Event. I further agree I will not directly claim against, sue, attach property of, or prosecuting Bowl Ski Resort, Sugar Bowl Corporation, or an (hereinafter "SUGAR BOWL"), for any act or omissing participation in the Training/Race Program or the contact with the support of the contact with the	DBJECTS (such as race gates, s composed of cord or fence) W CONDITIONS AND ICE, AY OR EVEN DEATH. In which we will be and to participate in the false of MYSELF AND TH while participating in the ctly, or on behalf of any other te, and to RELEASE FROM any owner, agent or employee ion arising from or relating to	
Permission is granted	orized to participate in the Training/ Race Program of for the use (for promotional purposes or otherweld in authorized activities of the Training/Race Program	vise) of any photograph of	
Sugar Bowl employees treatment for PARTICIP	or agents are hereby given permission to authoriz PANT.	te necessary medical care or	
UNDERSTAND THAT RELEASING SUGAR I	READ THIS AGREEMENT AND FULLY UNDER I AM ASSUMING THE RISK OF PARTICIPAN BOWL, FROM ANY LIABILITY, TO THE FULLES WING THIS AGREEMENT OF MY OWN FREE WIL	T'S ACTIVITIES AND AM ST EXTENT ALLOWED BY	
Date	Participant Signature (Parent or Guardian Signature if I	Participant Signature (Parent or Guardian Signature if Participant under age 18)	
	Address		
	City, State, Zip Code	Telephone	
minor and on behalf of a	of this minor, I have the authority to enter into this Agrany other parent/guardian of said minor. I have read the half of said minor and my own behalf to the terms an	nis contract, understand its	
Signature of parent/guar	dian I	Date:	