

Teton Ridge Classic - Registration

Name: _____ Age: _____

Sex: Male Female

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Race Division (please circle): 5km 14km 28km

Fees	5 km	14 or 28 km
Postmarked by December 15 th , 2009	\$20	\$40
Postmarked after December 15 th , 2009	\$25	\$50

Registration closes at 7:30 PM, January 15th at Streubel Physical Therapy in Driggs. There is no race day registration or phone registration. There will be no refunds on registration for any reason.

Total Enclosed: \$_____

Please make check payable to Teton Valley Trails and Pathways (TVTAP)

Mail entry form and fees to:

Dan Streubel
1479 Table Rock Dr.
Driggs , ID 83422

Please sign the release of liability form below and mail in with your registration.

ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND RELEASE WAIVER

The organizers and sponsors cannot be responsible for accidents, injuries, damages, or liability occurring during, or in connection with the competition, nor the physical condition of participants. **THEREFORE, EACH PARTICIPANT, WHETHER ENTERING THE TETON VALLEY TRAILS AND PATHWAYS TETON RIDGE CLASSIC SKI RACE, VOLUNTEERING AT SAID SKI RACE OR PARTICIPATING AS A SPECTATOR AT SAID SKI RACE, ENTERS AT HIS OR HER OWN RISK and all participants are responsible for the provision of their own insurance coverage.** Each participant must sign this "Acknowledgment and Assumption of Risk and Release Waiver" on the official entry form before being permitted to participate.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("Agreement")

In consideration of myself OR my child participating in the snow ski related activities, and/or other activities, offered by Teton Valley Trails and Pathways and Teton Ridge Ranch, I represent that I OR my child understand the nature of this activity and that I OR my child are qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge on behalf of myself OR my child that if I OR my child believe event/activity conditions are unsafe, we will immediately discontinue participation in the activity.

It is fully understood that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and/or death, which may be caused by my OR my child's own actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of the "releasees" named below, and that there may be other risks either not known to me OR my child, or not readily foreseeable at this time; **AND I OR MY CHILD FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I OR MY CHILD MIGHT INCUR AS A RESULT OF MY OR MY CHILD'S PARTICIPATION IN THE ACTIVITY.**

I, for myself, my heirs, executors, administrators, legal representatives, assigns, and successors in interest (hereinafter collectively "**Successors**"), hereby release, discharge and covenant not to sue Teton Valley Trails and Pathways, Teton Ridge Inc. and Kona Residence Trust, and any of their respective affiliated companies (whether a partnership, limited liability company corporation or other form of organization or entity) and each of their respective administrators, members, officers, directors, employees, independent contractors, agents, affiliated clubs and associations, sponsors, advertisers and volunteers, and if applicable, owners and lessors of the premises on which the Activity takes place (each considered on the "RELEASES" herein), and release and discharge them from all liability claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, that I, or anyone on my behalf OR on behalf of my child, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which may incur as the result of such claim.

I agree that every term of this Agreement shall be binding upon my Successors, and, if applicable, the Successor of my minor child or ward. I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights (including rights of my minor child or ward) by signing it, and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if notwithstanding, shall continue in full force and effect.

Signature of participant OR Parent/Legal Guardian

Date