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

NAME:	Please Print	DATE:	Tubing Date
ADDRESS:			
E-MAIL:			
GROUP NAME (if a	applicable):		
risks that could lead to serious at various rates of speed; colli fencing, snowmaking and gro	s injury or death. These risk sions with other tubes, parti coming equipment; collision ess of terrain; varying surface	ts include but are not limit cipants, or spectators; colli- ons with natural objects; on the conditions such as: ice, ice	ow tubing contains inherent and other ed to: falling out of the tube; traveling isions with man-made objects such as collisions with associated equipment be chunks, wet or slushy snow, slippery the tubing lifts.
agree to read, understand, foll posted at the tubing area. I un	low or ask for explanation of derstand that I can ask for a the same. I further understan	of all the rules, policies, and will receive instructions	pment prior to any use of the same. Indicate the transfer of the tubing responsibility codes that are son the use of the tubing slope and the child must be a minimum of five years.
I accept for use, AS IS, the tu	bing area including the tubi	ng slope, tubing lift, tubes	and other associated equipment.
ASSUMPTION OF RISK Understanding, acknowledgin accept and assume all risks i			agree to expressly and voluntarily
WHITETAIL MOUNTAIN INC., AS WELL AS THEIR INJURY, PROPERTY LOS THE TUBING FACILITY, INCLUDING GROSS NEGILAW. I FURTHER AGREIL LIABILITY RELATED TO THE FACILITIES, REGAR	AGREE NOT TO SUE A OPERATING CORP., SK AGENTS AND EMPLOY S OR OTHERWISE REL REGARDLESS OF ANY D LIGENCE, IMPROPER O E TO INDEMNIFY AND D INJURY AS A RESULT O EDLESS OF ANY NEGLIC	ND TO RELEASE, SKI II ROUNDTOP OPERATE YEES FROM ANY AND ATED TO ANY PAST, P NEGLIGENCE ON THE CONDUCT OR ANY OT DEFEND THE SAME, F OF MY, MY CHILD'S A GENCE. I hereby grant m	LIBERTY OPERATING CORP., FING CORP., AND SNOW TIME, ALL LIABILITY RELATED TO PRESENT OR FUTURE USE OF EPART OF THE RESORT, HER CAUSE ENFORCEABLE BY
in which the incident occurred	or in the United States Dist d by the applicable laws of t	rict Court for the Middle D he Commonwealth of Penr	Court of Common Pleas of the County District of Pennsylvania. I further agree Insylvania. If any part of this agreemen
If I do not agree with the abo	ove, I will not use the tubin	ng facility.	
I, the undersigned have read, u	inderstand and agree to be le	egally bound by the above	release agreement.
Tubing participant signature: (If a	minor (under 18), the signa	iture of a parent or guardia	_ Date n is required below)

Parent or Guardian Signature: _____ (The signature of one parent or guardian binds both parents or guardians in reference to this agreement)

Date