



Bib #: _____

Make Tracks for Health Snowshoe/XC Ski Event

Saturday, March 2, 2024

1:00 – 3:00 pm

RELEASE OF LIABILITY & PERMISSION TO PHOTOGRAPH.

► FORM REQUIRED FOR ALL SHOWSHOE & CROSS COUNTRY SKI PARTICIPANTS ◀

I understand that I may be exposed to a variety of hazards and risks, foreseen and unforeseen, during my participation in the *Make Tracks for Health* Event at Stratton Resort Saturday, March 2, 2024. These risks are inherent in any winter sport and cannot be eliminated without destroying the unique character of such an event. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, hypothermia, and death. I know that injury and damage can occur by natural causes or activities of other persons, animals, participants, or organizers, either as a result of negligence or because of other reasons. The undersigned hereby consents to receive medical treatment which may be deemed advisable in the event of injury, accident, or illness during *Make Tracks for Health*. To the fullest extent allowed by law, I agree to Waive, Discharge Claims, and Release from Liability Grace Cottage Family Health & Hospital, its officers, directors, employees, agents, and race volunteers from any and all liability on account of, in any way resulting from injuries and damages, even if caused by negligence of Grace Cottage Family Health & Hospital, its officers, directors, employees, agents, and race volunteers. I further agree to Hold Harmless Grace Cottage Family Health & Hospital, its officers, directors, employees, agents and volunteers from any claims, damages, injuries, or losses caused by my own negligence while a participant in *Make Tracks for Health*. I understand that this assumption of risk and release is binding upon my heirs, executors, administrators, and assigns, and includes any minors accompanying me on the *Make Tracks for Health*.

I recognize that Grace Cottage Family Health & Hospital has the right to record the event through video and still photography of any and all participants. I voluntarily consent and agree that Grace Cottage Family Health & Hospital may use, in whatever manner it deems appropriate, any images or photographs of me taken during this event.

Name (Please Print): _____

Signature: _____ Date: _____

Emergency Contact Name/Phone: _____

MINORS:

If you are under age 18, your parent or legal guardian must sign this agreement on your behalf.

I hereby agree and consent to the above Agreement on behalf of:

Name of Minor: _____ Age of Minor: _____

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____