

**ACKNOWLEDGMENT OF RISK AND DUTY OF CARE**

I am signing this document as a condition to my participation in one or more of the recreational activities available at Whitefish Mountain Resort. My signature on this document represents my express acknowledgment that the activities in which I may choose to participate involve risks and that I could suffer injury or death while participating. I also understand that I have the right and opportunity to investigate the risks and to inspect the facilities, location or equipment associated with the activity or activities.

I am voluntarily participating in the activity or activities with an understanding of the risks and despite the existence of the risks. I choose to participate in the activity or activities even though I know they are risky. Among the risks are the following: boarding, riding and disembarking the lifts or vehicles; hiking on rough and uneven terrain; changing weather conditions which may cause the trails, walkways and equipment to be slippery; equipment failure; falls; slips and falls; over-exertion; fear of heights; failure to remain within designated areas; impacts with natural and man-made objects or individuals; the description of risks is incomplete and other unknown or unanticipated risks may be encountered, as defined under Montana law, Title 27, Chapter 1, Part 7, Mont. Code. Ann.

I acknowledge my personal responsibility to advise myself of the risks of the activity or activities and to act reasonably under the particular circumstances of my participation. I agree to act responsibly and reasonably. I acknowledge the application of the Montana Recreation Responsibility Act, Title 27, Chapter 1, Part 7, MCA.

I agree that this Acknowledgment of Risk shall be governed by and interpreted solely in accordance with Montana law, and no other jurisdiction. Any litigation involving the parties to this Acknowledgment of Risk must be brought solely within the Montana State or Federal Courts, which shall have the exclusive jurisdiction over any such cause.

I acknowledge this activity could aggravate pre-existing medical conditions. I agree to inform the guides prior to the activity of any pre-existing neck, back, joint or other medical conditions including pregnancy that exist. Participation in this activity with pre-existing conditions is not recommended and a full refund is available.

In signing this Acknowledgment of Risk, I am not relying on any oral or written representations or statements made by representatives of Winter Sports, Inc., its employees, agents or representatives, other than what is set forth in this Acknowledgement of Risk.

Also, I hereby irrevocably consent to the use, by Winter Sports Inc – DBA Whitefish Mountain Resort – advertisers, customers, successors and assigns, of my name, portrait, or picture for advertising purposes or purposes of trade, and I waive the right to inspect or approve such completed portraits, pictures, or advertising matter used in connection therewith. No additional remuneration, financial or otherwise will be transacted.

- I am 18 years or older.
- I am under the age of 18 years.

If I am less than 18 years of age, my parents or legal guardian has read and agreed to this Release as indicated by his/her signature below. The parent or guardian signing below also agrees that (1) Whitefish Mountain Resort, WSI or its representatives has permission and authority to treat and address medical conditions and emergencies as they deem appropriate; (2) the signing parent or legal guardian also agrees to pay any charges for such medical treatment and will indemnify Whitefish Mountain Resort, WSI, or its representatives for the same.

I have made no misrepresentation regarding my name or age.

**Participant's Signature** \_\_\_\_\_ *Date* \_\_\_\_\_

Print Name \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_ *Date* \_\_\_\_\_

Print Name \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ *Date* \_\_\_\_\_

Print Name \_\_\_\_\_