

# The Jackson Hole Ski & Snowboard Club's 35<sup>th</sup> Annual Pole Pedal Paddle ~ March 27<sup>th</sup>, 2010

# Entry Form

**Class:** If you select a class from List A, please also select a Category

- List A**
- Racing
  - Recreation
  - Youth
  - Masters

OR

- List B**
- Fun
  - Family



- Category:**
- Individual
  - Men's Team
  - Women's Team
  - Mixed Team
  - Couple

**SAVE \$MONEY\$** by registering on-line at [www.polepedalpaddle.com](http://www.polepedalpaddle.com)

OR

Complete this Entry Form and fax or postmark by March 19<sup>th</sup>, 2010

Individual \$60      Family \$70  
Team \$45/team member

Late entries accepted March 19<sup>th</sup> through 5pm March 24<sup>th</sup> with \$15 late fee/competitor

## ALL SIGNATURES REQUIRED FOR LIABILITY RELEASE

**Team / Sponsor Name:** \_\_\_\_\_

**Team Captain Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

For Email Confirmation of Registration AND/OR for Course Updates or Date changes OR phone number if contact has no email



(Please check the leg boxes above that apply to Member #2)

Member #1: \_\_\_\_\_

Last Name      First Name

Address: \_\_\_\_\_

Mailing Address      Age      Gender

T-Shirt Size:

- S    M
- L    XL

City      State      Zip

Signature ~ Required



(Please check the leg boxes above that apply to Member #3)

Member #2: \_\_\_\_\_

Last Name      First Name

Address: \_\_\_\_\_

Mailing Address      Age      Gender

T-Shirt Size:

- S    M
- L    XL

City      State      Zip

Signature ~ Required



(Please check the leg boxes above that apply to Member #4)

Member #3: \_\_\_\_\_

Last Name      First Name

Address: \_\_\_\_\_

Mailing Address      Age      Gender

T-Shirt Size:

- S    M
- L    XL

City      State      Zip

Signature ~ Required



(Please check the leg boxes above that apply to Member #5)

Member #4: \_\_\_\_\_

Last Name      First Name

Address: \_\_\_\_\_

Mailing Address      Age      Gender

T-Shirt Size:

- S    M
- L    XL

City      State      Zip

Signature ~ Required



(Please check the leg boxes above that apply to Member #5)

Member #5: \_\_\_\_\_

Last Name      First Name

Address: \_\_\_\_\_

Mailing Address      Age      Gender

T-Shirt Size:

- S    M
- L    XL

City      State      Zip

Signature ~ Required

**Payment:**  Check # \_\_\_\_\_ Payable to JHSC    Credit Card \_\_\_\_\_

Credit Card #

Exp. Date

Signature

I am unable to participate this year, but would like to make the following donation to the Jackson Hole Ski & Snowboard Club \$ \_\_\_\_\_

### Participant's Agreement to Assume Risk of Injury and Release of Liability

I have enrolled as a participant in the Jackson Hole Ski & Snowboard Club's program and/or events voluntarily. I understand that skiing, bicycling and boating involve risks of injury due to causes including, but not limited to, loss of control or falling, contact with unexpected or expected snow conditions, contact with objects or other events or incidents usual to the sports of skiing, bicycling and boating. With full knowledge and appreciation of the risks of injury, I nevertheless desire to participate in the Jackson Hole Ski & Snowboard Club's program and/or events and so expressly agree to assume the risk of be injured while participating in the Jackson Hole Ski & Snowboard Club's program and/or events. I release, individually (and/or as Club: Jackson Hole Mountain Resort, Snake River Ranch, Teton County, WY, Town of Jackson, Wyoming State Highway Department, Snake River Sporting Club, Bridger-Teton National Forest, its agents, employees, members, officers and directors and all owners and lessees of property where the programs or events are held - collectively the "Releasees") from any and all claims, demands, actions, losses and liability whatsoever for harm, death, personal injury or damage which might befall me or my child or other arising out of the participation in the programs, events or activities of the Jackson Hole Ski & Snowboard Club, and/or the Releasees, from any actions and claims by me, my family, estate, heirs or assigns. I hereby agree to comply will all Pole Pedal Paddle rules and accept responsibility for my personal possessions and athletic equipment and hereby agree to be physically fit for this competition. I (parents) if participant is a minor, give permission for emergency medical treatment for illness or accident if I am unable to consent (or my parents cannot first be contacted if I am a minor).

# Alpine Participant Signature Required



## JACKSON HOLE MOUNTAIN RESORT RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

As an express condition of participation in the Pole Pedal Paddle 2010  
at Jackson Hole Mountain Resort (JHMR), I agree and acknowledge as follows:

1. I understand that skiing, snowboarding, or participating in any competitions or other activities at the Jackson Hole Mountain Resort (JHMR) can be dangerous. I further understand that there are inherent and other risks and dangers associated with these activities, which include, but are not limited to, variations in terrain; existing and changing snow conditions; changing weather conditions; slick or uneven walking surfaces; surfaces covered with ice and snow; lighting; high altitude; lift, mechanical and equipment failures; rocks; stumps; trees; cliffs; streams; closed areas; wildlife; collisions with others; collisions with natural and man-made objects and features which may not be marked; other competitors, spectators and wildlife; motor vehicles and roadway crossings; and those risks and dangers related to high speed skiing and snowboarding, and skiing and snowboarding in areas that are closed to the general public. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO INSPECT THE COURSE PRIOR TO ANY TRAINING RUNS AND PRIOR TO COMPETITION.

I understand that grooming activities and equipment, and snowmobiles may be encountered at any time and I assume the risks of riding the lifts and engaging in the activities accessible from the lifts. I recognize that falls and collisions occur and injuries are a common and ordinary occurrence of the above activities and I understand that accidents, injury, illness, incapacity or death can arise in conjunction with participating in the above activities. In consideration for participating in any activities at JHMR, I hereby agree to accept and assume any and all risks in connection with such activities.

2. I further agree to forever release, waive, hold harmless, indemnify, and defend JHMR, the United States, and their respective subsidiaries, affiliates, representatives, assignees, officers, directors, shareholders, employees, agents, and insurance carriers (hereinafter "Releasees") from and against any and all claims, demands, causes of action, liabilities, actions, and any and all medical expenses or other related expenses, including damage to property, asserted by others, by me, or on my behalf, my estate, executors, heirs, or assigns brought under any theory of legal liability, INCLUDING NEGLIGENCE, arising directly or indirectly out of my use of the facilities, resort area or lifts at JHMR, or my presence on Releasees' premises. The above release includes, but is not limited to, any and all damages occasioned in the event of an incident, illness, or other incapacity, death, or damage to property, however caused. I understand and agree that this release is applicable to each and every day I participate in any activity at JHMR. If I want financial protection against personal injuries, then I understand and agree that I must obtain my own life, liability and health insurance to protect my family members and myself.

3. I warrant that I am in good physical condition and know of no medical or health reasons why I should not participate in any of the above activities. I authorize Releasees and/or their personnel to transport me or arrange for my transportation to a medical clinic or other medical facility should I become incapacitated and unable to make an informed decision. I agree that upon such transport, Releasees shall not have any further responsibility for me and I agree to indemnify and defend Releasees from any costs incurred therein or any claims originating therefrom.

4. I understand that this agreement shall be binding upon my heirs, executors, administrators, and assigns and shall be governed by Wyoming law. I further understand and agree that this agreement shall be binding to the fullest extent permitted by law and that if any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect. I agree that any claims that I may bring against the Releasees shall be submitted to the jurisdiction of the state court in Wyoming, Teton County, and that no claims against the Releasees shall be brought in any other jurisdiction or venue. I agree to reimburse Releasees for their reasonable attorney fees incurred due to any failure on my part to comply with this agreement.

5. I further state that I am of lawful age and legally competent and agree to abide by the terms and conditions set forth herein. I have carefully read this release, understand its contents, and understand that the terms of this document are contractual and not a mere recital. I am aware that I am releasing certain legal rights that I otherwise may have and have signed this document as my own free act.

PARTICIPANT'S NAME (Please Print) \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

LOCAL ACCOMMODATIONS \_\_\_\_\_

EMERGENCY CONTACT (Name, Phone, Address) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Participant Under 18 Years of Age: In signing this Liability Release on behalf of a minor (less than 18 years of age) ("Child"), I represent that I am the parent and/or legal guardian of such Child; As the parent or guardian signing this agreement for Child, I acknowledge and agree that I have read the above agreement, and that by signing this agreement on behalf of Child, I and Child agree to be bound by its terms; I hereby agree to forever release, waive, hold harmless, indemnify, and defend Releasees from and against any and all claims, demands, causes of action, liabilities, actions, and any and all medical expenses or other related expenses, including damage to property, asserted on behalf of Child, Child's estate, executors, heirs, or assigns or any other third party, brought under any theory of legal liability, INCLUDING NEGLIGENCE. I understand that it is my responsibility to fully inform JHMR of any special needs Child may have. I accept responsibility for all of Child's medical expenses incurred in connection with any of the above activities. I agree to indemnify and defend the Releasees for any and all claims brought by Child; and I agree to indemnify and defend the Releasees for any and all claims brought by a third party arising in connection with Child.

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_