

**SKI COOPER SKI PATROL (SCSP)
SERVICE, CARE, SAFETY AND RESPONSIBILITY**

Bring a printed copy for signature with you on the day of your evaluation.

**NATIONAL SKI PATROL SYSTEM AND COOPER HILL SKI AREA, INC., RELEASE FOR THE 2019
SKI COOPER SKI PATROL CANDIDATE TEST, Date: _____, at Ski Cooper, CO.**

I, _____ agree that I am voluntarily participating in this SCSP 2019 Ski Patrol Candidate Test. I understand that the SCSP 2019 Ski Patrol Candidate Test may involve skiing on slopes up to "Expert/Black Diamond" Level. I realize there are inherent risks in this type of activity including changing weather conditions, changing snow surface conditions, ice, bare spots, rocks, stumps, trees and the possibility of collisions with manmade and natural objects, snowmobiles and other vehicles, other skiers, and equipment failure and that such activity can be dangerous and can result in serious injury or death. I knowingly assume the risk of participation and understand I can withdraw from this SCSP 2019 Ski Patrol Candidate Test at any time.

I understand that by participating in this SCSP 2019 Ski Patrol Candidate Test I may also encounter additional risks not inherent to a normal participant to the sport of skiing. I agree to personally assume all of these risks. I also agree that I will rely solely on my own judgment regarding my personal safety and ability with regard to the terrain, circumstances and conditions in which I may be placed upon or asked to perform or accomplish the tasks involved in SCSP 2019 Ski Patrol Candidate Test, and that I will decline to perform any activities if I believe I am placing myself in an unsafe situation or subject to possible injury or death if I proceeded.

As a requirement of this SCSP 2019 Ski Patrol Candidate Test, I acknowledge that I agree to waive any right I might have to file a lawsuit for any injury or death resulting from my participation in this SCSP 2019 Ski Patrol Candidate Test and I hereby remise, release, and forever discharge Cooper Hill Ski Area, Incorporated; the National Ski Patrol System, Incorporated; and its members, both individually and jointly, and I agree that no one else may file a lawsuit in my name related to my participation in this SCSP 2019 Ski Patrol Candidate Test. If any part of this Release shall be determined to be unenforceable, all other parts shall be given full force and effect. If any suit is brought it may be only filed in Lake County, Colorado and Cooper Hill Ski Area may recover any and all legal fees resulting from any suit filed.

Participant Signature: _____ Date: _____

Participant Name: (printed) _____

Address: _____ Phone: _____

City: _____ State: _____

ADDENDUM TO RELEASE

The above Participant is less than 18 years of age; the undersigned parent or guardian hereby consents to the above Participant participating in the SCSP 2019 Ski Patrol Candidate Test and signs this Release on behalf of the Participant.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: (printed) _____

Address: _____ Phone: _____

City: _____ State: _____