



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH SNOWDAY, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

Sign: _____ INS _____

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holder, (Snowday/Bryan Shaner), and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting _____ to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

Sign: _____ INS. _____

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons, snowday, Bryan Shaner released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity. THE FOLLOWING ENTITIES OR PERSONS: {release groups;

Sign: _____ INS. _____

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons, snowday, Bryan Shaner mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. Vessel: Snowday, Captain: Bryan Shaner

Sign _____ INS _____

WITNESS my hand and seal.

Notary Public Signature (SEAL)

Notary Printer Name Registration/ Serial Number, Notary ID

My commission/Appointment Expires. _____ The notary public completing this acknowledgement verifies only the identity of the individual who signed the document to which this certification is attached, and not to truthfulness, accuracy, or validity of the document itself.



NOTARY ACKNOWLEDGMENT

On this ____ day of _____, 20____, before me, _____ (Name of Notary Public), _____ (Name of Document Signer) personally appeared in person and known to me personally or proven to me through satisfactory evidence of identification, which was _____, to be the person whose name is subscribed to the preceding or attached document, and acknowledged to me that he/she signed it voluntary for it stated purpose.

The signer is signing (as an individual (as _____))

The document being acknowledged is _____, dated _____, and consisting of two pages.

I certify under penalty of perjury under the laws of _____ that the foregoing paragraph is true and correct to the best of my knowledge.

WITNESS my hand and seal.

Notary Public Signature

(SEAL)

Notary Printe Name

Registration/ Serial Number, Notary ID, or bar Number (Where applicable)

My commission/Appointment Expires. _____

The notary public completing this acknowledgement verifies only the identity of the individual who signed the document to which this certification is attached, and not to truthfulness, accuracy, or validity of the document itself.