ROCKY MOUNTAIN FREESTYLE USSA MOGULS

February 6,7,8. 2015 PARTICIPATION WAIVER, RELEASE & INDEMNIFICATION

In consideration for my being permitted by Aspen Skiing Company, LLC ("ASC") and Aspen Valley Ski/Snowboard Club, Inc. ("AVSC") to participate in the:

Rocky Mountain Freestyle USSA Moguls, February 6,7,8, 2015

at Aspen Highlands Ski Area, Pitkin County, Colorado

(all collectively referred to as the "Event"), I agree to the following Participation Waiver, Release, and Indemnification:

I hereby acknowledge that ASC and AVSC have advised me of my responsibilities as an Event Participant, I agree to be held to the same responsibilities as a participant, as outlined in the Colorado Ski Safety Act of 1979, Section 33-44-110, which reads as follows:

Competition.

- (1) The ski area operator shall, prior to use of any portion of the area made available by the ski area operator, allow each participant an opportunity to reasonably visually inspect the course, venue or area.
- (2) The participant shall be held to assume the risk of all course venue or area conditions including, but not limited to, weather and snow conditions; obstacles, course or feature location, construction or layout, freestyle terrain configuration and conditions; and other courses, layouts, or configurations of the area to be used. No liability shall attach to a ski area operator for injury or death to any competitor caused by course, venue, or area conditions that a visual inspection should have revealed or by collisions with other competitors.

I understand that a helmet is required for this Event, that there are significant, unavoidable and inherent dangers and risks involved in any Skiing/Snowboarding competition. I ACKNOWLEDGE THAT THESE DANGERS AND RISKS INCLUDE, WITHOUT LIMITATION RISKS ARISING FROM AND ASSOCIATED WITH COMPETITION AND TRAINING.

I AM AWARE AND ACKNOWLEDGE THAT TRAINING AND PRACTICE FOR SKIING/SNOWBOARDING COMPETITIONS HAVE INHERENT RISKS FOR ANY PARTICIPANT. I AM VOLUNTARILY PARTICIPATING, WITH FULL KNOWLEDGE OF THE DANGERS AND RISKS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS OR DEATH THAT MAY RESULT.

I further acknowledge that I have had an opportunity, prior to the beginning of the Event and any related training, practice or instruction, to visually inspect the courses in use during the Event, and the related facilities and adjacent areas.

I for myself, my heirs, successors, executors, and subrogors, HEREBY KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS THE ASPEN SKIING COMPANY, AVSC their owners, partners, officers, agents, employees, sponsors, and volunteers, from and against any and all claims, actions, causes of actions, liabilities, suits, expenses (including reasonable attorney's fees), including ordinary NEGLIGENCE, whether foreseen or unforeseen, arising directly or indirectly, out of any damage, loss, injury, paralysis, or death to me or my property as a result of my training and practice for and participation in the Event, my use of the Courses, my use of snowboarding/skiing equipment and instruction by ASC and/or AVSC, or my presence at ASC's mountains, whether such damage, loss, injury, paralysis or death results from the ordinary NEGLIGENCE of Aspen Skiing Company, AVSC their owners, officers, agents, employees, sponsors, volunteers, or some other cause. I intend that all terms of this Agreement be binding on my heirs and estate. I further intend that the terms of this Agreement shall be severable.

I warrant that I am in good health and there are no special problems associated with my care. I:

(1) Authorize a licensed physician and/or other medical care provider to carry out any emergency medical

care for me:

- (2) Accept responsibility and agrees to indemnify the Released Parties for all such medical expenses;
- (3) Hold a valid personal health insurance policy sufficient in amount to cover any and all circumstances which may arise from participation in the Event;
- (4) Irrevocably grant the Released Parties the right of publicity to own and use any image(s) collected of me while participating in the Event, and these rights will in no terms be extended beyond the purpose of promoting the Event and related events, and will not imply endorsement of any products of the Event sponsors

In consideration of allowing me to participate in the Event and of using the ski area facilities, I AGREE THAT ANY AND ALL CLAIMS for injury and/or death regarding an alleged incident shall be GOVERNED BY COLORADO LAW and EXCLUSIVE JURISDICTION shall be in the District Court residing where the alleged incident occurred or in Federal Court of the State of Colorado. This Release shall be binding to the fullest extent permitted by law. If any provision of this Release is found to be unenforceable, the remaining terms shall be enforceable. This Release contains the entire, integrated agreement and understanding between and among me and the Released Parties, and that no party is relying on any representation, statement or understanding except as set forth herein.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND AND VOLUNTARILY AGREE TO AND SIGN THIS PARTICIPATION, WAIVER, AND RELEASE AGREEMENT.

Signature of Participant			
Please print name	Date	Age of Participant_	
Address of Participant			
IF THE PARTICIPANT NAMED ABOYMUST EXECUTE THE INDEMNIFICATION FOR THE ABOVE MINOR AVSC to participate in the	ATION BELOW. INDEMNIFICA	TION	
Rocky Mountain Freestyle USSA Mogu	ls	February 6,7,8, 2015	at
Aspen Highlands Ski area		, Pitkin County, Colorado	
I agree to the following waiver, release	e and indemnification	n:	
The undersigned parent or guardian of joins in and agrees to the provisions of agrees to save harmless, indemnify, employees, from and against any claims fees) and ordinary NEGLIGENCE maderesult of said minor's participation in properties and facilities.	the foregoing Waiver, and forever defend A , actions, demands, e. le or brought by said	and Release Agreement and her ASC, AVSC, their owners, age expenses, liabilities (including rea- minor or by anyone on behalf o	eby stipulates and nts, officers, and sonable attorneys' f said minor, as a
Signed on this date:		Please print name and address:	
Signature of Parent or Guardian	Nan	ne	
	Add	ress	

Phone number where you can be reached: