

**ASSUMPTION OF RISK AND
RELEASE OF LIABILITY**

OLYMPIC REGIONAL DEVELOPMENT AUTHORITY
WHITEFACE MOUNTAIN SKI CENTER

Name: _____ Age _____

Home Address: _____

City, State: _____ Zip _____

Phone: (_____) _____ Mountain Bike Experience/Ability _____

Emergency Contact _____ Phone (_____) _____

WARNING AND ASSUMPTION OF RISK
PLEASE READ CAREFULLY

I understand that a "Trail Use Ticket" is required in all areas controlled by Olympic Regional Development Authority, Whiteface Mtn. Ski Center, and I hereby agree to obey all posted signs and to ride only on paved roads or approved trails. When participating in a guided tour, I agree to follow the guide's instructions and directions at all times and to remain behind the guide while riding the trails. _____ (Initials)

I understand that HELMETS ARE REQUIRED and I agree to wear my helmet at all times. I understand that a helmet may not prevent an injury. If I sustain any injury as a result of wearing or not wearing a helmet, I AGREE NOT TO SUE any of the above-named parties. _____ (Initials)

I HAVE READ AND AGREE TO OBEY THE INTERNATIONAL MOUNTAIN BICYCLING ASSOCIATION (IMBA) "BIKE CODE" AT ALL TIMES. I realize and understand that bicycling is a HAZARDOUS sport, that unmarked variations exist in road and pathway conditions, along with bumps, stumps, forest growth, debris and rock, as well as many other hazards and obstacles. _____ (Initials)

I further realize that falls and collisions which may cause injuries do occur. I agree to ASSUME ALL RISK and responsibility for such incidents and injuries and agree to RELEASE AND HOLD the OLYMPIC REGIONAL DEVELOPMENT AUTHORITY, WHITEFACE MTN SKI CENTER, AND N.Y.S. DEPARTMENT OF CONSERVATION, and its agents and employees, BLAMELESS FROM ANY LIABILITY for any injury or damage to persons or property, including myself, which may be related to my use of their premises or my use or abuse of the rented equipment listed herein, whether they result from NEGLIGENCE (active or passive) or from some other cause, including alleged products liability or product defect and I will not sue. _____ (Initials)

I, THE UNDERSIGNED, HAVE READ AND UNDERSTOOD THE ASSUMPTION OF RISK AGREEMENT ABOVE.

PRINT NAME: _____

SIGN HERE: _____ DATE _____

(If under 18 years of age, must have a guardian's signature)

GUARDIAN'S SIGNATURE: _____

WITNESS: _____ DATE _____