



Manchester Office Statewide Headquarters
 464 Chestnut St., P.O. Box 448, Manchester, NH 03105
 tel 603-518-4000 fax 603-668-6260
 toll free 800-640-6486 www.cfsnh.org

**CHILD AND FAMILY SERVICES OF NH - SNOWMAN SCRAMBLE - 2012
 WAIVER AND RELEASE OF LIABILITY - ACKNOWLEDGEMENT OF RISK**

In consideration for rights and privileges associated with participating in the Child and Family Services Snowman Scramble, I acknowledge and agree by the following:

1. **Identification of Risks.** I understand that participation in any skiing activity, including but not limited to, preparation for, participation in, Nordic and relay competitions, involves risks of serious injury, death and other losses, due to inactions or negligence of myself or others.
2. **Assumption of the Risk.** I agree that I am responsible for my safety while participating in activities associated with the SNOWMAN SCRAMBLE, and that such responsibility includes participation only **a)** when I am both physically and psychologically prepared to participate safely, **b)** after familiarizing myself with the venue before beginning activity, and **c)** while using the equipment of a type and condition reasonably necessary to safely participate. I assume all risk connected with responsibility for any injury or loss connected with my participation.
3. **Waiver.** Aware of the risks and willing to assume them, I hereby release and agree to hold harmless Child and Family Services of NH, its officers, directors, employees, agents, volunteers, affiliates, event organizers, sponsors, property owners and trails used by me (Released Parties) from loss, injury, or death to myself or any other person, or other damage to person or property resulting from my participation in any aspect of the event. This release is intended as a waiver of any claim I may have whether based upon negligence, breach of warranty, contract or other legal theory, against any of the above Released Parties, accepting myself full responsibility for any such loss, injury, death or damage which may result. I intend for this release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns. This waiver does not release acts of gross negligence or willful and wanton misconduct of any party.
4. **Image.** I grant permission to Child and Family Services of NH-Snowman Scramble to use my name, and any photographs, video, image, results or record of me during this event for the purposes Child and Family Services of NH may choose.
5. **Acknowledgement.** Before signing this Release and Acknowledgement of Risk, I have read and understood it. I am aware that by signing this Release and Acknowledgement of Risk, I am waiving certain legal rights which I, or my legal representatives, might have against Sponsors.

Signed on this _____ day of _____, 2012

Signature*: _____

Printed Name: _____

Address _____ City _____ State _____ Zip _____

*Parent or guardian signature if registrant/s is/are under 18 years of age. Additional family members--

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____

THIS SIGNED FORM MUST BE PRESENTED TO AUTHORIZED DESIGNEE AT THE EVENT, DURING CHECK-IN, PRIOR TO PARTICIPATION IN THE EVENT.