



Waiver of Liability

I, PRINT NAME HERE, the undersigned being **18 years of age or older**, am requesting participation in the Desert Snow Connection trip to: **Arizona Snowbowl** on DATE, all of which are hereinafter referred to as the "activity."

In consideration of my participation in the activity, I hereby waive all claims or causes of action against Desert Snow Connection, LLC, and the officers, directors, employees, and agents of them, all of which are collectively hereinafter referred to as "State," arising out of my participation in the activity and hereby release, hold harmless, and discharge the State from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risks, I hereby expressly, voluntarily, and willingly assume all risks and dangers associated with my participation in this activity. Some of the risks and dangers are listed below. I understand this list is not exhaustive. **Common risks include:** Travel to and from home and activity meeting location, food poisoning, theft, car accident, lost items, pedestrian accident, tripping, slipping, and falling, and injuries while snowboarding or skiing, etc.

In addition, I have been advised to obtain personal medical coverage. I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs.

Furthermore, I shall remain liable for any claims resulting in losses or damages to the transportation vehicle or lodging property while participating in the activity. If any claims for damages arise by the simple negligence of the participant, a minimum amount of Five Hundred Dollars (\$500.00) will be charged to my credit card to cover any expenses, as well as any legal recourse that the transportation company or lodging property chooses to pursue.

I have read this waiver/release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that the right to legal recourse against the State is, knowingly, given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assignees.

Participants Name: _____ **Phone:** _____

Address:(Street/City/Zip): _____

Participant's Signature: _____ **Date:** _____

Emergency Contact: _____ **Phone:** _____

Parent/Guardian Signature (If under 18 yrs): _____