

Release of Liability

☐ Volunteer ☐ Participant (Please check one)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Parent/Guardian Name (if under 18 or is 18 or older with a legal guardian):

Address (If different than above): _____

Phone: _____ Alternate phone: _____

Please read the following statements and sign and date at the bottom once you have read, understood, and agreed to these statements and conditions.

I am aware that injury or death may occur during participation in this event. Some of the dangers involved in this activity include terrain changes, tree location, hill machinery and/or possible physical exertion. There are inherent risks involved with any Full Potential Adventures, Inc. activity.

This event involves physical activity and exertion. I submit that the individual indicated above is in sound physical condition with no health problems that could be aggravated by participating in this event. I release and discharge Full Potential Adventure, Inc., Caberfae Skiing Company, Mackenzie Lodging Company, South Branch Properties, Inc. and TM Inc., all doing business as Caberfae Peaks Ski and Golf Resort and their agents and volunteers from all claims for damages arising directly or indirectly from the above named individual's participation in such activity.

I may or may not have inspected the equipment, site, and facilities. Nevertheless, I assume all risk associated with this event and participation in this event, including but not limited to, the conditions of the equipment, site, facilities, and the unknown ability of other participants, volunteers, and patrons.

I hereby give permission for my photograph and videos taken of the individual named above to be used by Full Potential Adventures, Inc. for promotional purposes. This includes news releases, television, the organization website, brochures, posters, newsletters, etc. that are created or authorized by Full Potential Adventures, Inc. I also give permission for their photograph to be used to identify the individual for medical purposes.

Full Potential Adventures, Inc. maintains some volunteers that are certified to provide citizen and/or medical first responder CPR and first aid. These individuals act solely on their own accord and Full Potential Adventures, Inc. and Caberfae Peaks Ski and Golf Resort will not be held liable for their actions. The acts of these individuals are covered under the Michigan Good Samaritan Law Act 368 of 1978 333.20965.

It is my express intent by signing this release of liability and participating in this event to waive, relinquish, and release any claims which I might have against any and all volunteers, directors, executive directors, officers, agents, and employees of both Full Potential Adventures, Inc., and Caberfae Skiing Company, Mackenzie Lodging Company, South Branch Properties, Inc. and TM Inc., all doing business as Caberfae Peaks Ski and Golf Resort. I intend this release of liability to be effective against me, my spouse, my heirs, successors, and assignees.

I understand that this is a program operated by Full Potential Adventures, Inc. and is held at Caberfae Peaks Ski and Golf Resort and that there is no liability to Caberfae Skiing Company, Mackenzie Lodging Company, South Branch Properties,

Inc. and TM Inc. as a result of this event being held at this facility. I also understand that all above information holds true for both organizations.

By signing this release of liability, I signify that I have read and understand the above statements and agree to the conditions above and that my participation is dependent upon knowing and voluntarily executing this release of liability. I also understand that this release of liability covers all ski events operated by Full Potential Adventures, Inc. and held at Caberfae Peaks Ski and Golf Resort from December 1, _____ through March 31, _____.
Year Year

Volunteer/Participant signs below if over 18 and is without a legal guardian

Volunteer/Participant Signature:

Volunteer/Participant Printed Name:

Date:_____/_____/_____

Parent/Guardian signs below if the volunteer/participant is under 18 or is 18 or older and has a legal guardian

I, being the parent and/or legal guardian of the above volunteer/participant, state that I have read this release of liability and have authority to sign on behalf of the volunteer/participant.

Parent/Guardian Signature:_____

Parent/Guardian Printed Name:_____

Date:_____/_____/_____