

Name _____

Date of Workshop(s): _____

**SOUTHEAST ALASKA AVALANCHE CENTER (SAAC)
RELEASE OF LIABILITY AGREEMENT**

You are giving up important legal rights. PLEASE READ CAREFULLY.

GIVING UP MY LEGAL RIGHTS

By signing this Agreement, I _____ agree to give up certain legal rights which I may have, in the event I become injured or killed while participating in a Southeast Alaska Avalanche Center workshop. I am giving up my legal rights against the Southeast Alaska Avalanche Center, including all directors, officers, employees, contractors, instructors, and volunteers. As used in this agreement, SAAC will mean the corporation and directors, officers, employees, contractors, instructors, and volunteers of the Southeast Alaska Avalanche Center.

Please initial

RISK OF INJURY OR DEATH TO ME

I am aware that there is a certain amount of inherent risk involved in the training activities of the Southeast Alaska Avalanche Center. These potentially dangerous activities may include avalanche hazard evaluation, ski mountaineering, climbing, avalanche rescue training, and travel by snowshoes, skis, snowboard, snowmobile, foot, or in vehicles. During these activities, I may be exposed to cold weather injuries such as frostbite, frostnip, and hypothermia, danger due to rockfall, avalanches, sudden storms, harsh weather, and drowning and, additionally, may face the possibility of injury or death from falling, skiing, snowboarding, snowmobiling, climbing, or other activities associated with avalanche hazard evaluation, mountain rescue, and/or other outdoor skills training.

Please initial

I voluntarily wish to participate in a workshop conducted by the Southeast Alaska Avalanche Center and having full knowledge of the dangers involved, do hereby agree to accept any and all risks of injury or death that may occur including, but not limited to, those outlined above.

Please initial

MY PROMISE NOT TO SUE

I also agree that I will not sue, or otherwise make any claim against the SAAC for injury, death, or damage to me or loss or damage to my equipment or belongings in the course of my participation in a Southeast Alaska Avalanche Center workshop.

Please initial

MY CONSENT TO MEDICAL TREATMENT (Provided I am incapacitated or incompetent to make my own decisions)

I consent to any emergency medical treatment or hospital care to be rendered to me as found advisable, pursuant to any injuries that may arise from participation in activities with the Southeast Alaska Avalanche Center. I also understand and agree that I am solely responsible for all rescue costs and all applicable charges for medical services.

Please initial

MY PROMISE TO INDEMNIFY

I understand that the SAAC may or may not have liability insurance, and I therefore agree to pay all costs and expenses, including attorneys' fees and court costs, that the AMSC, Inc. may incur as a consequence of any legal action arising out of injury, death, or damage to someone else as a result of my negligent conduct.

Please initial

MY PROMISE TO ASSUME FULL RESPONSIBILITY FOR ALL COURSE EQUIPMENT

I agree to return all equipment checked out to me for the course immediately at the end of the course and in good working order. I agree that I am responsible for the full replacement cost of any lost, damaged, or unreturned equipment.

Please initial

All of the terms of this Agreement are binding upon me, my relatives, heirs, and personal representatives. The terms of this Agreement shall also be binding upon any persons or members of my family, including minors, who may accompany me. I am over eighteen years of age, or my legal guardian has also read, initialed, and signed this agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

I AM AWARE THAT THIS IS A BINDING LEGAL CONTRACT BETWEEN MYSELF AND THE SOUTHEAST ALASKA AVALANCHE CENTER AND/OR ITS AGENTS AND I SIGN IT ON MY OWN FREE WILL.

Dated: _____ Signature: _____

Dated: _____ I witnessed the signing of this agreement.

Witness signature: _____

I am the parent and/or legal guardian of the above participant. I have read the above Agreement, have affixed my initials thereto, and fully understand its contents. I am aware that the Agreement is a binding legal contract between myself, the above participant, and the Southeast Alaska Avalanche Center and I consent to the above-named individual's participation in all activities associated with an SAAC workshop, and also agree to be bound and held by the terms of the above Agreement.

Dated: _____ Signature of legal guardian: _____