

YOU CAN BE INJURED WHILE SNOWTUBING

Release from Liability • Please Read Carefully Before Signing

1. I accept for use, AS IS the snowtube(s) and accept full responsibility for the care of the snowtube(s) while in my possession.
2. I understand that there are inherent and other risks involved in SNOWTUBING, including the use of lifts and snowtube(s), and it is a dangerous activity/sport. These risks include, but are not limited to, variations in snow, steepness and terrain, ice and icy conditions, moguls, rocks, trees and other forms of forest growth or debris (above or below the surface), bare spots, lift terminals, cables, utility lines, snowmaking equipment and component parts, and other forms of natural or man made obstacles on and/or off chutes, as well as collisions with equipment, obstacles or patrons and other snowtubes. Snow chute conditions and the speed of the tubes vary constantly because of weather changes and snowtubing use; the snowtubes can leave the tubing chutes and/or go over the backstop. Be aware that snowmaking and snowgrooming may be in progress at any time. These are some of the risks of SNOWTUBING. All of the inherent and other risks of SNOWTUBING present the risk of serious and/or fatal injury, and I expressly assume these risks.
3. I AGREE I WILL NOT SUE AND, WILL RELEASE AND HOLD HARMLESS BLUE MOUNTAIN SKI AREA, TUTHILL CORPORATION AND/OR ANY EMPLOYEE OF THE AFOREMENTIONED FOR LOSS OR DAMAGE, INCLUDING ANY LOSS OR INJURIES THAT RESULT FROM DAMAGES RELATED TO THE USE OF A SNOWTUBE OR LIFT, EVEN IF I CONTEND THAT THEY WERE NEGLIGENT.
4. I agree that all disputes arising under this contract and/or from my use of the facilities at Blue Mountain Ski Area, shall be litigated exclusively in the Court of Common pleas of Carbon County or in the United States District Court for the Middle District of Pennsylvania.

I, the undersigned, have read and understand the above Release from Liability.

(PLEASE PRINT CLEARLY)

Date: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (_____) _____

SIGNATURE: _____

SIGNATURE of Parent or
Guardian if under 18: _____