

Volunteer Registration | Release of Liability

PLEASE PRINT LEGIBLY



Date _____
Name _____ Birth Date _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email Address _____

By including your email address, you may receive correspondence about Challenge Mountain Resale Store and programs.

Emergency Contact _____ Phone _____

Availability Monday Tuesday Wednesday Thursday Friday Saturday

Initial Below — All Volunteers

_____ I understand that my volunteer efforts are very much appreciated at Challenge Mountain. All volunteer activity is a non-paid position. I am eligible for any and all volunteer appreciation events.

_____ I give permission for my photograph to be used in promotional activity such as but not limited to news releases, television, videos promoting Challenge Mountain, newsletters, etc.

_____ I understand that Challenge Mountain WILL perform a background check, and if it's determined that I should not be associated with Challenge Mountain, I will be notified.

Volunteer Interests *Check all that apply*

RESALE STORE

- Sorting & Pricing
- Serving Customers
- Organizing Merchandise
- Keeping Store Tidy

RECREATION

- Lift Operator*
- Adaptive Ski Instructor*
- Snowboard Instructor
- Cross Country Ski Instructor/Guide
- Snowmobile Driver
- Snowshoe Guide
- Equipment Room
- Registration
- Kitchen
- Lodge Maintenance
- Camping
- Kayaking
- Biking
- Boating
- Fishing
- Sailing
- Special Activities & Outings

** Challenge Mountain offers volunteer training for use of adaptive ski equipment.*

Initial Below — Recreation Volunteers Only

_____ There are inherent risks involved with many Challenge Mountain activities. I am aware that injury or death may occur to participants in this event. Some of the dangers involved in this activity but not limited to the following are terrain changes, tree location, hill machinery, buildings, and/or physical exertion.

_____ Most activities involve physical activity or exertion. I submit that I am in sound physical condition with no health problems that could be aggravated by my participation in activities I have signed up for. I release and discharge Challenge Mountain and their agents from all claims for damages arising directly or indirectly from applicant's participation in such activity.

_____ I may or may not have inspected the equipment, site, and facilities. Nevertheless I assume all risk associated with participation including but not limited to the conditions of the equipment, site(s), facilities, and the unknown ability of other participants.

_____ I understand that wearing a helmet is the best way to prevent a head injury that could result in brain damage or death while participating in events at Challenge Mountain. While volunteering, I agree to wear a helmet when required.

It is my express intent, by signing this release and participating in this event, to waive, relinquish, and release any claims which I might have against any and all volunteers, directors, officers, agents, and employees of Challenge Mountain of Walloon Hills, Inc. and the organization Challenge Mountain of Walloon Hills, Inc. I intend this release of liability to be effective against me, my spouse, my heirs, successors, and assignees.

By signing the Release of Liability, I signify that I have read and understand it. I also understand that my participation is dependent upon my knowing and voluntary execution of this Release of Liability.

Print Name _____
Signature _____
Date _____