CABERFAE PEAKS - 2021/2022 RELEASE OF LIABILITY, INDEMNITY AND MEDICAL AUTHORIZATION AGREEMENT FOR ADULTS IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

activities are HAZARDOUS and involve many RISKS and falls from lifts or from evacuation equipment, encount with exposed rock, earth, ice and other natural objects	name of particpant), am aware that skiing, snowboarding DANGERS including, but not limited to: boarding, riding ters with on-going snow making and grooming; changing a including but not limited to trees, tree stumps, and forest	g and disembarking ski lifts; weather conditions; contact t dead fall; snow or ice on or
variations in the skiing surface or subsurface, includin slick walking surfaces including, but not limited to si snow pack; snowcat roads, road-banks or cut-banks; ir ropes, buildings, posts, boundary markers, snow maki or structures; impact or collision with other skiers; neg	e skiing terrain which may create blind spots or areas of reg changes due to man-made or artificial snow, variable and dewalks and parking lots, the presence of streams, creel mpact or collision with lift towers, trees, manmade featureing equipment, snow grooming equipment, snowmobiles of gligence of other skiers and; negligence on the part of Cabets, and vendors. I am aware that the RISKS, DANGERS and res and hazards are unmarked.	nd difficult snow conditions; ks and exposed holes in the es, pipes, rails, jumps, fences, or other vehicles, equipment erfae, its employees, owners,
MacKenzie Lodging, South Branch Properties, Caberfato act, ski or snowboard in a manner that might contril trail or slope. The Holder understands that he/she is premises and for complying with them. In considerat parking and other facilities, and to participate in races AND DANGERS ASSOCIATED WITH MY PARTICIPATION NOT LIMITED TO THE POSSIBILITY OF PERSON USING THIS PASS AND THE CABERFAE FACILITIES	vidual ability while at "Caberfae" (also known as Caberfae Management Corporation, TPMGR Inc and Caberfae Peabute to injuries. I understand that I am the sole judge of my solely responsible for reading and understanding all sign ion of Caberfae accepting me as a guest and permitting mand special events, I HEREBY EXPRESSLY ASSUME AND A ON IN SKIING, SNOWBOARDING OR OTHER ACTIVITIES IAL INJURIES, DEATH AND PROPERTY DAMAGE. IN FURTHE PURCHASER AND USER OF THE PASS AGREES NOTHER PURCHASER P	ks Ski & Golf) and agree not y ability to negotiate a track, nage and instructions on the ne to use Caberfae's ski lifts, CCEPT ANY AND ALL RISKS AT CABERFAE, INCLUDING RTHER CONSIDERATION OF OT TO SUE CABERFAE, ITS
employees, owners, officers, representatives, director and allegations, and claims related to or arising from in but not limited to: allegations of negligence, including duty of care and breach of express or implied warradamage, costs or expenses, including actual attorney for	tion, I hereby Release, Hold Harmless, Indemnify and its, shareholders and vendors from any and all claims, act incidents that occurred prior to, on and/or following the distance that the negligence of Caberfae, breach of contract, breach of inty. I further agree to Indemnify, Hold Harmless and ees and costs, without limitation, which Caberfae may sust, special events or other activities at Caberfae (Initialized)	tions, losses, suits, damages, ate of this release, including, any statutory duty or other Defend Caberfae from any stain in relation to or arising
render first aid and to call for medical and/or dental expenses and costs associated with such care and relat be binding upon my assignees, subrogors, distributees, pled by Caberfae as a complete bar and defense again this Release and Indemnification Agreement prov provision hereof, and such other provisions shall rema Michigan and I further agree that only the laws of the	or emergent medical or dental care may be necessary for care if, in their opinion, such medical or dental care is not ted transportation. I understand this Release and Indem , heirs, next of kin, executors, personal representatives and st any and all claims, demands, or causes of action by or ten to be invalid, void or illegal in no way affects, impairs in full force and effect. I acknowledge that this activity is State of Michigan shall apply in the construction or applicansferable and non-refundable. I understand that legal afraudulently.	seeded. I agree to pay for all unification Agreement shall ad administrators and may be my behalf. Any provision of irs or invalidates any other is taking place in the State of ication of this Agreement. I
UNDERSTAND ITS CONTENTS AND THAT IT IS BINI	ASE OF LIABILITY, INDEMNITY AGREEMENT AND ME DING DURING THE ENTIRE 2021/22 SKI SEASON AND I TARILY SIGN IT WITH NO RESERVATIONS AND WITH	NTO THE FUTURE. I HAVE
Name of Participant (Please Print)	Phone Number of Participant	
Name of Parent/Guardian (Please Print)	Phone Number of Parent/Guardian	
Signature of Participant OR Parent/Guardian	Date	