

SEASON PASS & RELEASE AGREEMENT * SHANTY CREEK RESORTS RELEASE OF LIABILITY, INDEMNITY AND MEDICAL AUTHORIZATION AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

Ι,	Individually (or as Parent or Guardian of	, a minor), am aware
disembarking ski lifts; falls from lifts or from evacuation equi rock, earth, ice and other natural objects including but not limite or variations in the skiing and snowboarding terrain which ma subsurface, including changes due to man-made or artificial sno in the snow pack; snowcat roads, road-banks or cut-banks; improoming equipment, snowmobiles or other vehicles, equipment	are HAZARDOUS and involve many RISKS and DANGERS inclupment, encounters with on-going snow making and grooming; changed to trees, tree stumps, and forest dead fall; snow or ice on or beneatly create blind spots or areas of reduced visibility; changes or variation, variable and difficult snow conditions; slick walking surfaces, the fact or collision with lift towers, fences, ropes, buildings, posts, bount or structures; impact or collision with other skiers; equipment fail types, owners, officers, representatives, directors, shareholders, agen bughout the Shanty Creek Resorts and that many are unmarked.	aging weather conditions; contact with exposed the skiing and snowboarding surface; changes ions in the skiing and snowboarding surface or expresence of streams, creeks and exposed holes indary markers, snow making equipment, snow there or malfunction; negligence of other skiers
injuries. I understand that I am the sole judge of my ability to no instructions on the premises and for complying with them. In and/or the Minor to use Shanty Creek Resorts' ski lifts, parki ACCEPT ANY AND ALL RISKS AND DANGERS ASSOC	bility while at Shanty Creek Resorts and agree not to act, ski or stegotiate a track, trail or slope. I understand that I am solely responsible consideration of Shanty Creek Resorts accepting me and/or the Miring and other facilities, and to participate in races and special even EATED WITH MY AND/OR THE MINOR'S PARTICIPATION OF BUT NOT LIMITED TO THE POSSIBILITY OF PERSON	le for reading and understanding all signage and nor as a Season Pass Holder and permitting me tts, I HEREBY EXPRESSLY ASSUME AND IN SKIING, SNOWBOARDING OR OTHER
representatives, directors, shareholders, agents, affiliates and ve including claims or actions brought by any person, including b Minor in skiing, snowboarding, racing, special events or other on and/or following the date of this release, including, but not l any statutory duty or other duty of care and breach of express damage, costs or expenses, including actual attorney fees and c	Release, Hold Harmless, Indemnify and Defend Shanty Crendors (collectively "Shanty Creek Resorts") from any and all claims, ut not limited to the Minor (if applicable) in relation to or arising ou activities at Shanty Creek Resorts, and any and all claims related to imited to: allegations of negligence, including the negligence of Shantor implied warranty. I further agree to Indemnify, Hold Harmles osts, without limitation, which Shanty Creek Resorts may sustain in special events or other activities at Shanty Creek Resorts.	actions, losses, suits, damages, and allegations, at of my participation or the participation of the or arising from incidents that occurred prior to, any Creek Resorts, breach of contract, breach of and Defend Shanty Creek Resorts from any relation to or arising out of my participation or
displays, web sites, social media, all forms of electronic media,	eos during my and/or the Minor's visit to Shanty Creek Resorts. I au brochures, or publications without notification. I waive any and all ter and the right to arising from or related to the use of the photos and	rights to privacy in the photos/videos, the right
	ent medical or dental care may be necessary for me and/or the minor, nion, such medical or dental care is needed. I agree to pay for all exp	
Creek Resorts as a complete bar and defense against any and a Liability, Indemnity and Medical Authorization Agreement	s, distributees, heirs, next of kin, executors, personal representatives Il claims, demands, or causes of action by or on my behalf or on beh t which shall prove to be invalid, void or illegal in no way affects, in I acknowledge that this activity is taking place in the State of Michig	half of minor. Any provision of this Release of apairs or invalidates any other provision hereof,
	fundable. I understand that legal action will be taken against Season reissue a lost or stolen Season pass. I understand that if I forget my states a lost or stolen Season pass.	
	E, UNDERSTAND ITS CONTENTS AND THAT IT IS A CON Y TO ENTER INTO IT ON MY BEHALF AND OR ON BEH KNOWLEDGE OF ITS SIGNIFICANCE.	
Name of Season Pass Holder (Please Print)	Name of Parent or Guardian if Season Pass Holder is under 18 yrs old (Please Print)	Date
Signature of Season Pass Holder (if over 18 yrs old)	Signature of Parent or Guardian if Season Pass Holder is under 18 yrs old	Phone Number of Season Pass Holder or Parent/Guardian
Birthdate of Pass Holder	Email Address	