PROGRAM: Cross Country Skiing and Snowshoeing

NAME (Print name of Participant): _		DATE:
	(Last)	(First)
STREET ADDRESS:		
CITY & ZIP:		
HOME PHONE: ()	SIZE	OF SKI OR SNOWSHOE:
ACKNOWLEDGEMENT	OF RISK AND	RELEASE OF CLAIMS
Please read this form carefully archild/ward for participation in the Snowshoeing at Maytag Park, you wou or your child/ward might sustain	he above prog will be waiving a	ram, Cross Country Skiing and releasing all claims for injuries
I recognize and acknowledge that during my participation in Cross Coragree to assume the full risk of any which I or my child/ward may suconnected or associated with any suconnected or associated and suconnected or associated with any suconnected or associated	untry Skiing and such injuries, da astain as a result of participation. It as a result of my perfect of the participation of the partic	Snowshoeing at Maytag Park and amage or loss regardless of severity to f participating in any activities waive and relinquish all claims I or Conservation Board and its officers articipating in Cross Country Skiing ase and discharge the Jasper Countyers, and employees from any and all child/ward may have or which I may (s). I further agree to indemnify and ration Board and its officers, agents esulting from injuries, damages, and ang out of, connected with, or in any
I have read and fully understand the claims.	above program d	etails and waiver and release of all
Signature of Participant (or Parent/G (Print and Sign)	uardian if under	18) Date