

Play Hard. Live Clean. and Wisp Resort
invite all Garrett County residents 6th grade through 20 years old to enjoy

SNOW TUBING

Bear Claw Snow Tubing Park
Wisp Resort
Monday, March 22, 2010
6 - 8:30 p.m.



Snow tubing and Games
All within a tobacco, alcohol,
and drug free environment!

Available for purchase from the
snack bar: PHLC pizza meal deal
and other snacks.

- Event ends at 8:30. Participants must be picked up at the tubing park at that time, transportation is not provided.
- Regardless of the temperature, it is always cold on the mountain at night, in the wind, and on the snow. Participants will need a coat, boots and gloves.
- Free admission spots for this event are limited and will be filled as registrations are received. At 7 p.m. on the night of the event, spots left vacant by 'no-shows' will be offered to walk-in Garrett County residents 6th grade through 20 years old. After all free PHLC spots are filled, participants may pay out of pocket for snow tubing. The tubing park will be open to the public; family and friends may pay and snow tube as members of the general public.



How to sign up: Registration forms must be complete and signed by a parent or legal guardian if under age 18. Forms must be returned to the Garrett County Health Department in Oakland, Room 206 by 5 pm March 16th (cut-off date will be sooner if registration limit is reached). You may verify your registration on March 19th by calling 301-334-7730 or 301-895-3111.

Drug Free
Communities Coalition



Governor's Office
for Children



**RECREATIONAL INDUSTRIES, INC. d/b/a WISP RESORT
SNOW TUBING / MOUNTAIN COASTER
HOLD-HARMLESS, RELEASE OF LIABILITY, AGREEMENT NOT TO SUE
PLEASE READ CAREFULLY BEFORE SIGNING**

ACCEPTANCE OF THIS AGREEMENT CONSTITUTES A CONTRACT. THE CONDITIONS OF THE CONTRACT ARE SET FORTH BELOW AND WILL PREVENT YOUR ABILITY TO SUE WISP. IF YOU DO NOT AGREE WITH THESE CONDITIONS THEN DO NOT USE THE FACILITY.

**Please fill in all information; print as neatly as possible
THIS EVENT OPEN TO GARRETT COUNTY RESIDENTS ONLY**

Group: "Play Hard. Live Clean." / Garrett County Health Department

Name: Last _____ First _____ Age: _____

Street Address: _____

State: _____ Zip: _____ Phone #: _____

E-mail Address: _____

Check One:
 Northern High Northern Middle
 Southern High Southern Middle
 Home School Grade 6-12
 GC resident 17-20 years
 Garrett College Student 16-20 years
MUST be Garr. Co. resident grade 6—20 yrs

I understand and am aware that snow tubing riding the Mountain Coaster are **Hazardous and Dangerous Activities**. I understand that riding a Snow Tube or Mountain Coaster involves risk of serious bodily injury and/or death. **I, on behalf of myself, my children, heirs, executors or assigns, hereby freely and expressly assume and accept responsibility for any and all risks of injury or death while participating in this activity regardless of any negligence of Wisp or any of its employees or agents.**

I understand that there are inherent and other risks involved in riding a Snow Tube or Mountain Coaster, including the use of lifts, the load and unload areas, the tracks and all of their party as well as the sleds and the snow tubes themselves. These risks include, but are not limited to: variations in snow, steepness of terrain, ice and icy conditions, moguls, rocks, trees, and other forms of forest growth or debris (above or below the surface), bare spots, lift towers, cables, utility lines, pipes, poles and guy wires, snowmaking and grooming equipment and component parts, fences and control nets and the absence of such fences and nets and other forms of natural or man-made obstacles on and/or off chutes. **There is also a risk of collisions with such obstacles, equipment and natural objects as well as with other snow tube or mountain coaster riders.** Snow chute conditions vary constantly because of weather changes and snow tubing use. I am aware that snowmaking and snow grooming may be in progress at any time. These are only some of the risks of riding a snow tube or mountain coaster. Track speed conditions may vary with weather changes. All of these and other risks present the risk of serious and/or fatal injury.

I accept the use of a snow tube or mountain coaster sled, as is, and accept full responsibility for its care while in my possession. **I agree to assume the risk of injury while participating in this activity even if the snow tube or coaster sled itself is defective. I further agree to abide by all instructions and rules both written and verbal regarding participation in riding a snow tube or mountain coaster.**

In consideration of being permitted to use the Snow Tubing or Mountain Coaster facilities, I, on behalf of myself, my children, heirs, executors or assigns, agree to accept the risks of riding either a snow tube or mountain coaster and agree not to sue Wisp Resort or any company affiliated with Wisp Resort or its employees or agents if injured, whether fatally or not, while using the these facilities regardless of any negligence of Wisp Resort, its employees or agents.

I, on behalf of myself, my children, heirs, executors or assigns, agree to hold harmless and indemnify Wisp Resort, its owners, agents, and employees, as well as the equipment manufacturers and distributors, for any loss or damage I may cause to person or property while engaged in Snow Tubing or Mountain Coaster related activities. This provision includes any loss or injuries that result from damages related to the use of a Snow Tube or Mountain Coaster.

I have read the above Contract and Release of Liability agreement and fully understand it. I understand that riding a Snow Tube or Mountain Coaster is a purely voluntary activity and that Wisp Resort would not allow me or my minor children to participate in riding a Snow Tube or Mountain Coaster if I did not agree to the provisions of this Release from Liability. I recognize that I am free not to participate in riding a Snow Tube or Mountain Coaster and can reject this Release of Liability on behalf of my minor children, and myself and my minor children, but I have voluntarily chosen to sign it. I hereby release the Garrett County Health Department, the State of Maryland, and any other organizations associated with this event, their affiliates, directors, officers, employees, successors and assigns from any and all liability arising from or connected with this event.

Signature: _____ **Date:** _____

Signature of Parent or Legal Guardian if under 18: _____ **Date:** _____

A small number of parent volunteers are needed, but must pay own admission. Please call Venessa Stacy at 301-334-7730 or 301-895-3111 if you are interested in volunteering or have any questions.