

**MOUNT SOUTHLINGTON SKI AREA**  
**Couples Ski Race and/or Cardboard Box Race WAIVER, ASSUMPTION OF RISK,**  
**RELEASE & ARBITRATION AGREEMENT**

In consideration of being allowed to participate in a couples ski race and/or cardboard box race at Mount Southington Ski Area (the "Facility"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

1. **TO WAIVE ALL CLAIMS** that they have or may have against the Facility, Mount Southington Limited Partnership (the "Partnership"), and/or Mount Southington Restaurant and Lounge, Inc. (the "Lounge") arising out of the inherent risks of participating in the Program;
2. **TO ASSUME ALL RISKS INHERENT IN PARTICIPATING IN THE PROGRAM;** and
3. **TO RELEASE** the Facility, the Partnership, the Lounge, their owners affiliates, officers, directors, employees, agents, and shareholders, from all liability for any loss, damage, injury, or expense that the Participant (or his/her next of kin) may suffer, arising out of the inherent risks of participation in the Program, which include, but are not limited to, the instruction received while participating in the Program.

The Participant acknowledges and agrees that the inherent risks of participating in the Program are in addition to those referenced in *Connecticut General Statutes § 29-212*. The Participant also acknowledges that this agreement does not, in any way, change the rights or obligations of the Facility, the Partnership, the Lounge, or the Participant, as set forth in *Connecticut General Statutes § 29-211, et seq.*, other than as set forth in this agreement.

**Arbitration**

The Participant hereby agrees to submit any dispute arising from participation in the Program to arbitration, for the sole purpose of determining whether the alleged injury arises from a risk inherent in the activities engaged in by the Participant while participating in the Program. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the "Panel"), to be chosen by the party-appointed arbitrators. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the District of Connecticut. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in Hartford, Connecticut and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. **In the event that the Panel determines the alleged injury arises from a risk inherent in the Participant's participation in the Program, the claim shall be deemed barred, as a matter of law, and the Participant shall be barred from recovering any compensation from the Facility, the Partnership, and/or the Lounge. In the event that the Panel determines the alleged injury did not arise from a risk inherent in the activities engaged in during the Program, the Participant shall proceed to the Superior Court of Connecticut, or if appropriate, the United States District Court, for the District of Connecticut, for a trial de novo.**

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

I GIVE MOUNT SOUTHLINGTON PERMISSION TO USE MY PHOTOGRAPH, VIDEO, MEDIA, OR ANY OTHER RECORD OF MY USE OF ITS FACILITIES FOR LEGITIMATE PURPOSES.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is UNDER 18)

*CARDBOARD BOX REGISTRATION*  
*(Limited to the first 40 boxes)*

*Name of Cardboard Box:*

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*Name of Group/Organization:*

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*First Name of All Box Participants:*

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*City:*----- *State:*-----

*Phone:*-----

*Date Received:*----- *Box #*-----