

**BIG SKY YOUTH EMPOWERMENT PROJECT, INC  
WAIVER OF LIABILITY AND DISCLAIMER FOR  
YOUTH MENTORS**

I, \_\_\_\_\_, acknowledge that participation as a mentor in the Big Sky Youth Empowerment Project, Inc. (BYEP) programming means that I (or my minor child) will be in an outdoor setting participating in various activities. These activities, by their nature, may expose me (or my minor child) to a variety of hazards that could cause physical injury, mental trauma, or death. Additionally, I am aware that BYEP is a group mentoring program and I am restricted from any one-on-one or private meetings with any youth participants at any time.

I am aware of the risks, conditions and hazards of these activities, and I hereby release, discharge, and hold harmless BYEP inc., its staff, volunteers, participants and any other representatives from any claims or liability arising out of or relating to any injury (of any kind) that may result to myself (or my minor child) while participating in a BYEP inc. sponsored activity.

I verify that I (or my minor child) have no past or current physical condition that might affect my participation in this program. I hereby authorize BYEP inc., its staff, volunteers, and representatives to obtain or provide emergency hospitalization, surgical or other medical care for me (or my minor child). I specifically indemnify and hold harmless BYEP inc., its staff, volunteers, and representatives from any negligence and all costs arising out of the decision to obtain and provide such care, treatment and / or procedure for such emergency.

Photo / Media Release.

I hereby give BYEP inc. the right to use my photograph and/or video footage in all forms and media in all manners, including composite or other representation, for brochures, promotion, advertising or any other lawful purposes, and I waive the right to inspect or approve the finished product.

Youth Mentor Guidelines:

I have read and understand the Youth Mentor Guidelines. The Program Director has explained the information and answered my questions related to this document.

Youth Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

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(cont'd)

Snowboard / Skiing Program:

I understand that snowboarding /skiing is dangerous and it includes risk of injury from, but not limited to: changing weather conditions, avalanches, bare spots, variations in snow, ice and terrain, bumps, moguls, stumps, forest growth, rocks, debris, equipment on slopes, lift towers, other structures and their components, collisions with other snowboarders / skiers, and negligence. I am aware that natural and man-made obstacles exist. Fencing, equipment covers, signs, rope lines and other marking devices may be in place and mark some, but not all, of the potential obstacles or hazards. These markers will not prevent injury. I understand it is my responsibility to stay away from marked areas. I acknowledge the existence of these risks and accept such risks whether they are marked or unmarked. I am aware that snowboarding /skiing may result in serious injury, death or property damage from these risks and I accept such risks on behalf of myself (or my minor child). I agree that I shall obey "The Skier Safety Code", state law, and any Big Sky Youth Empowerment Project, Inc. regulations.

I HEREBY RELEASE, HOLD HARMLESS AND INDEMNIFY BYEP INC. ITS EMPLOYEES, AGENTS, OFFICERS, DIRECTORS, FROM ANY AND ALL LIABILITY FOR DAMAGE OR PERSONAL INJURY TO MYSELF (or my minor child), RESULTING FROM THE RISKS DESCRIBED HEREIN, REGARDLESS OF WHETHER SUCH RISKS RESULT FROM THE NEGLIGENCE OF BYEP INC., AND THE PARTIES RELEASED.

I ACCEPT FULL RESPONSIBILITY FOR ALL MEDICAL EXPENSES OR LIABILITY INCURRED AS A RESULT OF MY (or my minor child's) PARTICIPATION IN THIS PROGRAM AND AGREE TO RELEASE, HOLD HARMLESS AND INDEMNIFY BYEP INC., AND THE PARTIES RELEASED ABOVE FOR ANY SUCH EXPENSES.

I have carefully read, understand, and accept the terms of this document.

Youth Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Program Director Signature \_\_\_\_\_ Date: \_\_\_\_\_