



2019/2020 MBSEF Race Volunteer Application

Last Name	First Name
Address	City/St/Zip
Cell Phone	Home Phone

Email

Volunteering For (Circle) Alpine Races Nordic Races Snowboard/Freeride Events

Specific Job Preference (if any) _____

Have you ever volunteered for MBSEF in the past? (Circle) Yes / No

Have you ever worked for Mt. Bachelor Ski Area in the past? (Circle) Yes / No

LIABILITY RELEASE AND INDEMNITY AGREEMENT

In consideration of my selection as a volunteer and use of Mt. Bachelor LLC's premises, I hereby agree to release from liability and to indemnify and hold harmless Mt. Bachelor Sports Education Foundation, Inc., Mt. Bachelor LLC and all sponsors, organizers, owners, agents, landowners, affiliated companies and employees from any and all claims that I may now have or which I may hereafter have for property damage, injury or death which I may suffer or for which I may be liable to others, arising out of or in any way connected with my participation in Mt. Bachelor Sports Education Foundation, Inc. events or any related activities. I understand that this Release and Indemnity Agreement shall apply to all claims based upon negligence and any other theory of recovery, except claims based upon willful or intentional misconduct. I also understand that this release will be in effect for the entire 2019-2020 season. The undersigned, nevertheless, enters into this agreement freely and voluntarily and agrees that it is binding on the undersigned and the undersigned's heirs and legal representatives.

Initial here: _____

I also agree that any and all disputes between myself and Mt. Bachelor Sports Education Foundation, Inc. and/or Mt. Bachelor LLC arising from my participation in Mt. Bachelor Sports Education Foundation, Inc.'s events or any related activities or the use of Mt. Bachelor LLC's premises, facilities or services will be governed by the laws of the State of Oregon and the exclusive jurisdiction thereof shall be in the state courts of the State of Oregon, and the venue for these disputes shall be in Deschutes County, Oregon.

Initial here: _____

I am aware I am **NOT** an employee of MBSEF. I am aware I am **NOT** covered by MBSEF's Worker's Compensation Insurance.

Initial here: _____

Print Name: _____ Signature: _____ Dated: _____
(18 years or older)

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service. I understand that for my volunteering, I will receive 1 lift ticket (Alpine) or trail pass (Cross Country) that will be used to function as a volunteer on the MBSEF event day plus 1 to use on another day. I understand that I will be able to redeem 2 lift tickets (Alpine) or 2 trail passes (Cross Country) per day (if you have worked these days). Alpine lift tickets are to be picked up at the West Village Guest Services Sports Desk Window upon showing a Volunteer card and valid photo ID (Alpine lift tickets can be exchanged for XC trail passes at the Nordic Center). I understand that I am the only person that will be able to pick up this ticket. I understand that any attempt to sell this ticket will result in my inability to obtain any further ticket privileges through MBSEF or Mt. Bachelor LLC.

Date _____ Signature _____
(18 years or older)