ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND RELEASE

THIS IS AN IMPORTANT LEGAL DOCUMENT. PLEASE READ CAREFULLY.

...

We/I	Mr.				and/	or	Ms./Mrs.
		(hereinafter	"We/I)	parent(s)	and/or	legally	authorized
guardian(s)	of			(he	ereinafter	"Skier"),	understand
that freestyle	skiing, includir	ng, but not limited to, aerial	s and jurr	nps, rails, mo	oguls, halfp	pipe, slop	estyle, park
and other free	eskiing activitie	s, competitive freestyle skiil	ng, drylan	id training, tr	ampoline t	raining, p	practicing for
		iing camps both on snow a					
		e skiing (hereinafter collect					
		tivities and that serious					
		nderstand that freestyle ski					
		ree that Skier voluntarily el					
•		ved, that we/I have warned		•			
•	•	nd assume any and all risk	• •		•		
		s of physical participation in es and hereby release Nyb					
• •		any and all other present		•		•	
		be used to refer to all such					
•	•	operation of either Nybora	•		•		•
		e Rivers Park District, and					
		e/I agree that Nybora do					
participating in	n these Activiti	es, and agree to hold Nybo	ora free fr	om any and	all claims,	demand	s, causes of
action, and/or	attorneys fees	s arising out of or in any wa	ay related	I to any pers	onal injury	or prope	erty damage
sustained by/	to Skier while	participating in freestyle sk	kiing, part	icipating in I	Nybora and	d its Activ	vities and/or
		n such Activities or while b					
		jence and/or breach of expl		•	•		
		sponsibility to inspect all e					
	•	thing is unsafe, we will ad	•			e conditio	on and may
refuse to part	cipate. Partic	ipation means that we co	isent to a	an these ter	1115.		

We/I currently provide for skier, and agree to maintain throughout the time he/she trains, participates and/or competes in all Activities with VALID AND SUFFICIENT MEDICAL INSURANCE, as listed in the Nybora Registration Packet. We/I understand that providing such insurance for Skier is my responsibility and release all persons and entities, including Nybora, from providing any insurance coverage for Skier. We/I authorizes Nybora to obtain medical care for, or transport Skier to a medical facility or hospital if, in the opinion of Nybora or Ski Patrol, medical attention is required and Skier is unable to make such decisions for himself/herself. We/I agree to pay all costs associated with such medical care and related transportation and shall DEFEND, INDEMNIFY AND HOLD HARMLESS Nybora of and from the consequences of such decision and from any such costs incurred relating to the provision of medical care. We/I also authorize disclosure of protected medical information necessary to provide, coordinate or manage Skier's healthcare consistent with the dictates of HIPAA and to the extent that such use or disclosure is required by law.

In the event any portion of this Acknowledgment and Assumption of Risk and Release is found unenforceable, the remaining terms shall remain fully enforceable.

This Acknowledgement and Assumption of Risk and Release shall be construed in accordance with and governed by the laws of the state of Minnesota. We/I agree that any legal action arising out of this Acknowledgment and Assumption of Risk and Release must be maintained in Hennepin County, Minnesota.

We/I have read and understand this release and voluntarily, willingly, and knowingly have signed this release as evidence of my agreement to all of its terms and in consideration of Nybora accepting Skier's registration and allowing participation in Activities. By affixing my signature below I represent that I intend to give up my right, and the right of Skier, and the right of any other parent or guardian of Skier, to maintain any claim or suit against Nybora arising out of the Skier's participation in any Activities involving Nybora in any way. I further agree to hold harmless, defend, and indemnify Nybora from any claims from third parties arising from the Skier's participation in any activities affiliated with Nybora. We/I have the right to refuse to sign this form, and Nybora has the right to refuse to let Skier participate if we/I do not sign this form.

Printed Name of Skier:	 Age
of Skier	-

I certify that as parent/legal guardian of the above named minor, I do hereby acknowledge and consent to his/her agreement to be bound by each of the terms and conditions listed above.

Signature 18):	of	Parent/Guardian	OR Date:	Skier	(if	Skier	over
Printed Parent/Guarc	lian:		Name				of
	ature:						
Printed Witness:			Name				of

Concussion Acknowledgement Statement and Waiver for Nybora Skier/Rider/Athletes

Any youth athlete under the age of 18 years suspected of having sustained a concussion/ traumatic brain injury will be removed from participation in the sporting event (e.g. training, practice, camps, competitions or tryouts), by a coach, official, or ski patrol overseeing such sporting event.

A coach or official or ski patrol shall remove a Nybora skier, rider, or athlete from participating in any youth athletic activity when the skier, rider, athlete:

- · Exhibits signs, symptoms, or behaviors consistent with a concussion; or
- Is suspected of sustaining a concussion

If removed from the activity, the skier/rider/athlete will be directed (if available) to first aid and medical resources (Ski Patrol and/or Park Ranger and/or Rescue Staff) at the participating ski areas and/or other event venues. When a coach or official or ski patrol removes a youth skier, rider, athlete from participating in a youth athletic activity because of a concussion, the youth skier, rider, athlete may not again participate in the activity until the youth skier, rider, athlete:

 No longer exhibits signs, symptoms, or behaviors consistent with a concussion; and is evaluated by a provider trained and experienced in evaluating and managing concussion and the qualified health care provider trained in the evaluation and management of concussive head injuries gives the youth skier/rider/athlete written permission to again participate in the activity

Athletes who have subsequently been medically cleared to resume participation must provide such medical clearance (as described above) to Nybora Team Freestyle, Inc. in order to be permitted to participate in skiing and sporting events.

About Concussions

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Doctors may describe a concussion as a "mild" brain injury because concussions are usually not life-threatening. Even so, their effects can be serious. **Please review all enclosed informational materials from the Centers for Disease Control and Prevention (CDC)**. CDC also provides informational resources on concussion awareness at the following link: <u>http://www.cdc.gov/concussion/HeadsUp/youth.html</u>

By his/her signature below, SKIER/RIDER/ATHLETE CERTIFIES THAT HE/SHE HAS RECEIVED, READ AND UNDERSTOOD the materials related to the nature and risks of concussion associated with athletic activity; the signs, symptoms, and behaviors consistent with a concussion; the need to alert appropriate medical professionals for urgent diagnosis and treatment when a Nybora youth skier/ rider/ athlete is suspected or observed to have received a concussion; and the need for a Nybora youth skier/ rider/ athlete who sustains a concussion to follow proper medical direction and protocols for treatment and returning to play or participate in the sport.

By his/her signature below, **SKIER/RIDER/ATHLETE CERTIFIES THAT HE/SHE HAS READ AND UNDERSTOOD THIS AGREEMENT**, and agrees in full with its terms, intend that it be binding on Member, his/her heirs, executors, administrators and assigns, and that it remain in full force and effect for as long as Member participates in Nybora, competition and related programs and activities.

This Concussion Acknowledgement Statement and Waiver for Nybora Skier/Rider/Athletes does not create any additional liability for, or create any new cause of legal action against, Nybora Team Freestyle, Inc., its incorporators, directors, contractors, coaches, and any and all other present and future employees, coaches, and all volunteers.

SKIER/RIDER/ATHLETE

Signature: _____ Date of Birth:

Printed name: _____ Date Signed:

SIGNATURE OF PARENT OR GUARDIAN REQUIRED BELOW FOR MINOR SKIER/RIDER/ATHLETES

As the parent or guardian of the minor Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the skier/rider/athlete, and any other parent or guardian of the skier/rider/athlete, intending that they be binding on me, the skier/rider/athlete, and our respective heirs, executors, administrators and assigns.

Parent or guardian's signature:	
Printed name:Signed:	Date