



Callicoon, NY 12723 / Tel. (845) 887-4880 800-727-8455 / Fax (845) 887-4824
Web: www.villaroma.com

SKIING / SNOWBOARDING WAIVER (GROUP)
TUBING WAIVER (GROUP)
BOUNCE HOUSE (GROUP)
LASER TAG (GROUP)

Participant Name: _____ Skate # _____ Date: _____
(Please Print)

In consideration of being allowed to participate in any way at Villa Roma Resort & Conference Center and related events and activities that the undersigned, acknowledge, appreciate, and agree to the following:

1. The risk of injury from the activities involved in Skiing / Snowboarding or Tubing, Laser Tag & Bounce Houses is significant, including the potential for permanent paralysis and death.
2. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation. I confirm that I am physically and mentally capable of participating in Skiing / Snowboarding & Tubing, Laser Tag & Bounce House.
3. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Villa Roma Resort & Conference Center, its officers, officials, agents, and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct in Skiing / Snowboarding or Tubing, Laser Tag & Bounce Houses (RELEASEES), FROM ANY AND ALL CLAIMS, DEMANDS, LOSSES, AND LIABILITY ARISING OUT OF OR RELATED TO ANY INJURY, DISABILITY, OR DEATH I MAY SUFFER, or loss or damage to person or property. Whether arising from the negligence of the releases if otherwise to the fullest extent permitted by law.
4. I permit the use of any photos, slides, film, or sketches of me taken during the day's activity for publicity, advertising, promotions, or other commercial purposes.
5. In consideration of using the facility PARTICIPANT CONTRACTUALLY AGREES that ALL claims for injury and/or death shall be GOVERNED BY NEW YORK STATE LAW AND EXCLUSIVE JURISDICTION shall be in the District court resident where the alleged incident occurred. (Sullivan County, NY)

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature: _____ Date: _____

Street: _____ City: _____ ST: _____ Zip: _____

FOR PARENT/GUARDIANS OF PARTICIPANTS OF MINOR AGE:

This is to certify that I as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless Villa Roma Resort & Conference Center from any and all liability incidents to my minor child's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES to the fullest extent permitted by law,

Parent/Guardian Signature: _____ Date: _____