MEDICAL AUTHORIZATION AND INDEMNIFI	
Participant (the "Participant"):	
address:	Home phone:
	IF PARTICIPANT IS UNDER
18 YEARS OF AGE, NAME OF PARTICIPANT'S PARE	
permission for the Participant to use the Eldora Mounta	
leased by ELDORA ENTERPRISES LLC ("Eldora") from	
OF AGRICULTURE, FOREST SERVICE ("Forest Servi	
"Premises"), the Participant must carefully read the follo	
(the "Agreement") and sign at the end. If the Participant	
guardian of the Participant also must carefully read this	
himself or herself and the Participant and sign at the en	
the Eldora Ski Patrol to provide or obtain medical care a	
medical care for the Participant and to transport the Par	
necessary. If the Participant is under 18 years of age, the	
understands that Eldora will locate him or her in the eve	
does not locate him or her, the Participant's parent or go	
care of the Participant. The Participant, and, if the Partic	
Participant's parent or guardian, agree to pay all costs f	
Agreement shall create a duty to provide medical care	
Further, the Participant understands that the furnishing	
nor an assumption of liability by Eldora, the Forest Serv	
directors, shareholders, officers, agents and employees	
conditions of this Agreement and agrees that each prov	
independently enforced. The Participant also agrees that	
respect to the entire 2014 – 2015 ski season. The Parti	
understands and voluntarily signs this Agreement. The	
to this Agreement shall be litigated in a state court local	
courts located in any other state or county. Signature:_	
Date:Print name:	
	IF THE PARTICIPANT IS
UNDER 18 YEARS OF AGE, the Participant's parent or guardian agrees to the terms and	
conditions of this Agreement both on behalf of hims	
Signature of parent or guardian:	Date:Name of
Participant's parent or guardian:	