**WHISTLER MOUNTAIN BIKE PARK**

## Model Release Form

Whistler Mountain Resort Limited Partnership, Blackcomb Skiing Enterprises Limited Partnership ("Whistler Blackcomb") will be photographing and/or filming me or my child. Once I have given permission to film/photograph me or my child by signing this form, Whistler Blackcomb may use some of these images in the future.

I voluntarily and irrevocably give Whistler Blackcomb, its affiliates and the photographer / videographer identified below (the "Photographer") permission to the use the image(s) that Whistler Blackcomb or the Photographer has taken of me or my child and to use, reproduce and publish my or my child's image(s), alone or in combination or in a modified format, with or without my name, in perpetuity, for all purposes and in all forms of media throughout the world.

I understand that I will not inspect or approve versions of the image(s) used by Whistler Blackcomb, its affiliates or the Photographer or the written copy that may be used in connection with my or my child's image(s).

I also release Whistler Blackcomb, its affiliates and the Photographer from any and all claims that arise from the reproduction, use and publication of my or my child's image(s).

I confirm that I am at least 18 years old.  I have read this release before signing. I understand its contents and freely accept its terms. This release will be binding upon me, my heirs, legal representatives and assigns and is governed by the laws of British Columbia.

For parents signing on behalf of a minor I confirm that I am at least 18 years old.  I have read this release before signing. I understand its contents and freely accept its terms. I confirm that I have agreed to the above on behalf of the Minor and that I have the ability to act on his or her behalf and bind him or her to the terms of this release.

Dated this               day of                                                     , 20               .

**Model signature:**

_____                    _____

Please print name                                Signature

**For Minors:**

Name of Minor: _____

Parent/Guardian signature: _____

Please print name Signature_____