



SUNBURST SKI TRIP

SKIING, SNOWBOARDING AND TUBING



Who: 7TH AND 8TH GRADE AND ALL HIGH SCHOOL YOUTH OF ST. MARY NATIVITY PARISH, together with the Joliet Area Youth Ministry Cluster of local churches and schools.

Where: Sunburst Ski Resort in Kewaskum, Wisconsin

When: Monday, Jan. 16, 2011

Leave: 7:00am from ST. MARY NATIVITY'S parking lot

Return: 10:00pm to ST. MARY NATIVITY'S parking lot

Cost: Please circle which price option applies to you (includes the cost of round trip transportation)

\$70 SKIING and TUBING (includes ski rental, lift ticket, ski lesson and 2 hrs of tubing on 10 story hill!

\$88 SNOWBOARDING and TUBING (includes snowboard and helmet rental, lift ticket, lesson and 2 hrs of tubing

\$30 TUBING only (for 2 hours).

\$65 If you are bringing your own skis/snowboards/equipment/helmet

Note: Food is **NOT** covered in the price above. Bring extra money for food or simply bring your food with you.

To sign up:

- Fill out 2 permission forms: the St. Mary Nativity permission form and the ski resort's form too. (attached)
- Make checks payable to "St. Mary Nativity Youth Ministry" or pay cash.
- Please note there is limited room on the bus. Sign up soon to guarantee a spot on the trip.
- Both the 2 permission forms and money must be turned in by

Deadline: Wednesday, Jan. 11th

More Information: Call Mike Hoyt at 708-214-0575

Email Mike at mhoyt@stmarynativity.org

Adults chaperones needed. If interested, contact Mike Hoyt.

SUNBURST SNOW TUBING AND RECREATION PARK

RELEASE OF LIABILITY

PLEASE READ CAREFULLY!

EACH PERSON using a snow tube **MUST** complete and sign this form!

ASSUMPTION OF RISKS

I (we) understand that all forms of alpine activities are **hazardous** with many **dangers and risks** including but not limited to: **SNOWTUBING**, skiing and snowboarding, riding and disembarking lifts, changing weather conditions, variations in terrain, surface or subsurface snow or ice conditions, bare spots, rocks, trees, stumps and other forms of forest growth or debris, lift towers and components thereof, buildings and fences, pole lines and plainly marked or visible snowmaking equipment (all of the foregoing whether above or below the snow surface), **collisions with other persons** and a multitude of **other objects** are inherent to all forms of alpine activities including snowtubing. I understand that **falls, collisions and other accidents do occur**. I agree to **abide by the rules** set up by Sunburst and further acknowledge and understand that it is important to my safety to pay attention while loading, riding and disembarking the lift, **to be sure the lane is clear before starting downhill and to slowing and stopping before colliding with other people or objects.**

RELEASE OF LIABILITY

As a condition of being permitted to use the premises, today or upon returning, I (we) agree to release, hold harmless and indemnify, and promise not to sue Sunburst Snowtubing and Recreation Park, Sunburst Ski Area, its owners, Summit Ski Corporation and their directors, officers, employees, agents and representatives, as I (we) freely and voluntarily assume all risks of injury, death or property damage occurring thereon and release Sunburst, its owners, employees and agents, from any and all liability for personal injury, death or property damage resulting from negligence, conditions of the premises, operations of the ski area, actions or omissions of its employees or agents, and from my participation in alpine activities at the area, accepting for myself the full responsibility for any and all such damage or injury of any kind to me or any minor children entrusted to me which may result.

I further agree that any claim which I may at any time bring for any reasons against Sunburst, its employees and agents, shall be submitted to the jurisdiction of the Courts of Washington County in the State of Wisconsin and none other. I agree to reimburse Sunburst for its costs and attorneys' fees if it has to defend against any claim arising out of my participation and use of this pass. In the event that any section of this release is found unenforceable, the remaining terms shall be fully enforced.

I (we) HAVE READ AND UNDERSTAND ALL THE TERMS AND CONDITIONS ABOVE AND I (we are) AM AWARE THAT BY SIGNING THIS AGREEMENT I (we are) AM WAIVING THE RIGHT TO SUE AND OTHER LEGAL RIGHTS WHICH I (we) OR MY (our) HEIRS MAY HAVE AGAINST THE RELEASES. I AM FREELY SIGNING THIS RELEASE WITHOUT NEGOTIATING ITS TERMS.

(If under 18 years of age, a parent must sign below.)

As a parent/guardian of the user named below, I agree to be bound by this release and hereby indemnify Sunburst, its owners, employees and agents, for awards, legal expenses and settlements arising out of the user's use of the premises.

User or Parent/Guardian Signature _____ Date _____

List all Family Members (those 18 & over must sign separate from)

Print Name
Street Address
City State Zip
Telephone
e-mail

GENERAL PERMISSION FORM

I request that my child, _____,
be allowed to participate in the following youth ministry event(s):

(please specify the event, date, time and location)

I hereby release and indemnify St. Mary Nativity Parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This signed permission form serves as authorization for my child's participation in videotaped recordings and/or still photographs, which may be used for future promotional efforts, including the St. Mary Nativity website.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: _____

Parent/Guardian Signature: _____

Date: _____

MEDICAL PERMISSION

I grant permission for the administration of First Aid to my child, _____, by the people in charge of this event, as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalise, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Date of Birth _____

Allergic to medication/other? **NO YES (circle one)**

If yes, please describe:

Medication(s) presently taking: _____

I authorize the administration of non-prescription drugs as needed (aspirin, ibuprofen, antacids, etc.) **NO YES**

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Identification/Social Security Number: _____

Authorized Physician: _____

Physician's Phone #: _____

FAMILY INFORMATION

Address: _____

City: _____ State: IL Zip: _____

Home Phone: _____

Cell Phone: _____

In case of Emergency, contact the following person:

Name and number: _____