

St. Joe's Ski Club

Date: 1-27-12

FOR THE STUDENT

Student Name: _____

Homeroom: _____

Please check the appropriate box, indicate fees and total. Checks made payable to St. Joseph's Middle School.

Ski

Snowboard

Lift Ticket	\$16.00	_____
Rental	\$16.00	_____
Bus	\$10.00	_____
Helmet	\$10.00	_____
Pass (One Time Fee)	\$15.00	_____
Additional Lesson	\$15.00	_____

Beginner, Intermediate, Advanced

Total

**Pass must be brought on each ski trip **

****All Students must wear a Helmet****

PARENT/LEGAL GUARDIAN/CHAPERONE PERMISSION SLIP
AND INDEMNITY AGREEMENT

CHILD/WARD: _____

PARISH/ SCHOOL: St. Joseph's Middle School

DESIGNATED SUPERVISOR OF ACTIVITY: Mrs. Greil

ACTIVITY: Ski Club

DESCRIPTION OF ACTIVITY: Skiing/Snowboarding at Alpine Valley

DATES AND TIME OF ACTIVITY: Jan. 27, 2012 3:30p.m. – 10:30p.m.

METHOD OF TRANSPORTATION Dairyland School Bus

STUDENT COST (IF APPLICABLE): Lift Ticket \$16.00, Rental \$16.00, Helmet \$10.00 Bus \$10.00, Additional Lesson \$15.00

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD's/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include The Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by my CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent/Legal Guardian Signature

Date

Address

Home _____ Work _____
Phone Numbers

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child/ward to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact: Name: _____
Phone Number: _____

Please furnish medical information about your CHILD/WARD which may be pertinent to his or her participation in the above identified activity: _____

PLEASE RETURN BY: Friday, January 20, 2012 by Noon
NO LATE SLIPS WILL BE ACCEPTED

This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 255-6906.

Ski Club Date: Jan. 27, 2012

It is absolutely critical that we are able to reach a parent at all times during the Ski Club outings that your student will attend. We need to be able to contact you in the event of illness or injury.

Please provide us with the following numbers:

Home Phone: _____

Father Cell Phone: _____

Father Work: _____

Mother Cell Phone: _____

Mother Work: _____

Pager Number: _____

Alternate Contact Name: _____

Number: _____

Alternate Contact Name: _____

Number: _____

Consider where you will be that day/evening: _____

Number: _____

If you cannot be reached at any of the above numbers, how may we contact you?

Thank you for providing us with this information. We know it is a duplication of some of the information on the permission slip; however, we would like to thank you for filling out both forms as accurately as possible.

Mrs. Kitty Greil
Ski Club Advisor

Alpine Valley Resort Rental Agreement Winter Season of 2011-2012

I accept and clearly understand that there are inherent and other risks, dangers and hazards associated in the sport of skiing and riding for which this equipment is to be used which can result in serious injury or death and that injuries are a common and ordinary occurrence in this sport. I further recognize and acknowledge that the risk inherent in the sport of skiing can be greatly reduced by taking a lesson, abiding by the Skier Responsibility Code -- (known as Your Responsibility Code), and using common sense.

I FREELY ASSUME ALL RISKS OF INJURY ASSOCIATED WITH SKIING.

I understand that the boot/binding system which I have rented is designed to reduce the risk of certain injuries to lower leg. It will not release at all times, nor under all circumstances where a release may prevent an injury, nor is it possible to predict every situation in which it will release. I understand the boot/binding system therefore does not guarantee any safety.

I further agree and understand that although the boot/binding system that I have rented may reduce the risk of certain injuries to the bones of my lower leg, it will not at all reduce the risk of injury to my knees or other parts of my body in the event of a backwards falls.

I accept for use in its AS IS condition the equipment listed on this form and accept full responsibility for its care while in my possession. I will be responsible for the replacement, at full retail value of any equipment rented from *Alpine Valley Resort, Inc.* under this agreement, which is not returned. I agree to reimburse *Alpine Valley Resort, Inc.* for any loss or damage of any kind to the rental equipment other than reasonable wear and tear. I agree to return all rented equipment on the agreed date, in clean condition, to avoid additional charges.

I have made no misrepresentations to *Alpine Valley Resort, Inc.* in regards to my height, weight, age, or skiing and riding ability. All instructions on the use of my rental equipment were made clear to me and I understand the function of my equipment.

I agree that the above equipment will be used for purposes of skiing or snowboarding at *Alpine Valley Resort* ski hill only. I agree there are no warranties, expressed or implied, which have been concerning the above ski equipment, and I accept the above ski equipment in its AS IS condition.

CAUTION: READ BEFORE SIGNING! This document affects your legal rights and will bar your right to sue!

Renters signature* _____ Date _____

Parent/Guardian _____ Date _____

*Parent or Guardian signature must accompany minor signature.

Group Name St. Joseph Middle School Trip Date 1-27-12

Alpine Valley Resort Release of Liability:

In consideration of the rental of the above described equipment by *Alpine Valley Resort, Inc.* the undersigned hereby release fully and discharge *Alpine Valley Resort, Inc.* its owners, agents and employees from any and all liability resulting from any personal injury to myself or damage to my property which is caused in any way be the negligent acts or failures to act of *Alpine Valley Resort, Inc.*, or any of its owners, agents, or employees in the installation, adjustment, inspection, maintenance and/or rental of the equipment, and/or in the instructions given or not given to me concerning the equipment and its use, and/or from my use of this equipment.

I accept for myself for myself full responsibility for any and all injuries or damages of any kind which may result from the use of the ski/snowboard equipment and it is my intention to **HOLD HARMLESS** *Alpine Valley Resort, Inc.*, its owners, agents, and employees for any injury sustained by me while using the above described ski/board equipment. In the event that I am signing as a parent of a minor I represent that I have full authority to do so, realizing this release is binding upon the minor as well as myself.

I, the undersigned, acknowledge that I carefully read this release of liability and understand its contents. I am aware that by signing this release, I am waiving certain legal rights, including the right to sue *Alpine Valley Resort, Inc.*

CAUTION: READ BEFORE SIGNING! This document affects your legal rights and will bar your right to sue!

Renters signature* _____ Date _____

Parent/Guardian _____ Date _____

*Parent or Guardian signature must accompany minor signature.

Group Name St. Joseph Middle School Trip Date 1-27-12

FOR THE PARENT CHAPERONE WHO HAS
PARTICIPATED IN THE SEE PROGRAM
(SAFEGUARDING ALL GOD'S CHILDREN)

Jan. 27, 2012

Parent Name: _____

(Please Print)

Phone # _____

If you would like to chaperone for the ski trip please complete the information below.

Ski

Snowboard

Lift Ticket (Ski or Board) \$16.00 _____

Rental \$16.00 _____

Helmet \$10.00 _____

No fee for bus or pass _____

Total

_____ I would like to chaperone and help with lodge duties. I will not be skiing or snowboarding. No cost involved.

_____ I will ride the bus.

_____ I will drive, if not needed on the bus.

_____ I will drive and my car can accommodate snowboards and/or skis.