

Ski Club All Day Trip!

Friday, February 26, 2010

8:00 a.m. - 5:00 p.m.

Cascade Mountain
W10441 Cascade Mt. Rd.
Portage, WI
608-742-7669
www.cascademountain.com

The Ski Club will be going to Cascade Mountain for our all day ski trip on February 26, 2010. Any student who has attended one or more of the Alpine Valley Friday Night Ski Trips is eligible to attend this trip.

Please indicate whether your student will be skiing or boarding. All students will wear a **complimentary helmet**. All parents will need to fill out the rental forms so that I may get their **complementary helmet** and/or rent skies/boards if a problem happens with their gear on February 26th.

ALL PERMISSION SLIPS AND FEE ARE DUE BY FRIDAY, FEBRUARY 19, 2010, BY NOON.
NO EXCEPTIONS

St. Joe's All Day Ski Trip

Date: 2/26/10

FOR THE STUDENT

Student Name: _____

Homeroom: _____

_____ Ski _____ Board

Lift Ticket/Rental \$20.00 _____

Bus \$15.00 _____

Deluxe Group Meal (optional) \$ 7.00 _____

Total _____

FOR THE PARENT CHAPERONE

Parent Name: _____ Phone# _____

_____ Ski _____ Board

Lift Ticket _____

Rental _____

Deluxe Group Meal (optional) \$7.00

Deluxe Group Meal: \$7.00

Includes:

- Choice of (1) hamburger, cheeseburger, hotdog, chicken sandwich, pizza, cup of soup, cup of chili, or garden salad

- French Fries

- Small size fountain soda or milk

If meals were to be purchased separately the cost would be between \$9-\$12+

Cascade Mountain Release of Liability - Parental Permission Agreement

This form is required for all minors unaccompanied by a parent or legal guardian who are renting equipment.

NAME _____ PHONE (_____) _____ - _____

GROUP NAME _____ TRIP DATES _____

A. RELEASE OF LIABILITY:

I, THE UNDERSIGNED, IN CONSIDERATION OF THE RENTAL OF THE SKIING/SNOWBOARDING EQUIPMENT TO MY CHILD BY CASCADE MOUNTAIN, INC., HEREBY RELEASE AND FULLY DISCHARGE CASCADE MOUNTAIN INC., CASCADE MOUNTAIN MANAGEMENT CORPORATION AND WALZ FAMILY CORPORATION, THEIR OWNERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY TO MY CHILD OR DAMAGE TO MY CHILD'S PROPERTY WHICH IS CAUSED IN ANY WAY BY THE NEGLIGENT ACTS OR FAILURES TO ACT OF CASCADE MOUNTAIN, CASCADE MOUNTAIN MANAGEMENT CORPORATION OR WALZ FAMILY CORPORATION, THEIR 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 MY CHILD CONCERNING THE EQUIPMENT AND ITS USE AND/OR IN ANY WAY ARISING FROM THE USE OR RENTAL OF THIS EQUIPMENT.

I accept for myself and on behalf of my child full responsibility for any and all injuries or damages of any kind which may result from the use of the ski/snowboard equipment by my child, and it is my intention to **HOLD HARMLESS** Cascade Mountain, Inc., Cascade Mountain Management Corporation and Walz Family Corporation, their owners, agents and employees for any injuries sustained to my child while using the above described equipment. I further agree not to make a claim against or sue Cascade Mountain, Inc., Cascade Mountain Management Corporation or Walz Family Corporation for injuries or damage relating to my child's skiing/snowboarding and/or the use of this equipment.

I have carefully read this Release of Liability and Parental Permission Agreement and fully understand its contents. This document constitutes the final and entire agreement between Cascade Mountain, Inc. and the undersigned. **I am aware that by signing this document, I am WAIVING certain legal rights of myself, my spouse, and those of my child, including the right to sue Cascade Mountain, Inc., Cascade Mountain Management Corporation or Walz Family Corporation.** I am aware this Release of Liability-Parental Permission Agreement is a contract between my child, myself, my spouse, and Cascade Mountain, Inc., Cascade Mountain Management Corporation and Walz Family Corporation, and I sign it of my own free will.

B. PARENTAL PERMISSION AGREEMENT:

I UNDERSTAND that my child will be renting equipment at Cascade Mountain on the above date(s) and hereby give permission for him/her to rent skiing/snowboarding equipment.

I UNDERSTAND and am aware that skiing/snowboarding involves certain inherent risks, dangers and hazards which can result in serious personal injury or death and that personal injuries and damage to property are a common and ordinary occurrence in the sport. I hereby agree to freely and expressly assume any and all risks of injury or death to my child or damage to his/her property while using the equipment while skiing/snowboarding.

I UNDERSTAND that the ski equipment being furnished forms part of a ski-boot-binding system which will NOT RELEASE at all times or under all circumstances and that it is not possible to predict every situation in which it will or will not release and that its use cannot guarantee my child's safety or freedom from injury while skiing. I further understand and agree that the ski-boot-binding system may reduce, but does NOT ELIMINATE, the risk of injury to the lower portion of my child's leg or any other parts of my child's body. I further understand that the boot-binding system will not reduce at all the risk of injury to my child's knee and that the boot-binding system will not release in the event of a backward fall.

I UNDERSTAND that the snowboard boot-binding system WILL NOT ORDINARILY RELEASE during use, nor is it specifically designed or intended

to release as a result of forces during ordinary operation, and it is therefore absolutely NO GUARANTEE OF MY CHILD'S SAFETY.

I UNDERSTAND that I am responsible for any damage to the equipment while in my child's possession. This includes, but is not limited to theft or loss.

I FURTHER UNDERSTAND this equipment is not to leave Cascade Mountain property, and this agreement is for dates listed above only and the equipment is to be returned at the end of each session to avoid additional charges.

I UNDERSTAND there are NO WARRANTIES, expressed or implied, which extend beyond the description of the equipment my child rents, and that my child rents said equipment AS IS.

CAUTION!! READ BEFORE SIGNING!! THIS DOCUMENT AFFECTS YOUR AND YOUR CHILD'S LEGAL RIGHTS AND WILL BAR YOUR AND YOUR CHILD'S RIGHT TO SUE!

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

User's Signature _____ Date _____ Age _____

Street _____ City _____ State _____ Zip _____

10-1-09

**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 Cascade Mountain

DATES AND TIME OF ACTIVITY: Feb. 26, 2010 8:00 a.m. – 5:00p.m.

METHOD OF TRANSPORTATION Bus

STUDENT COST (IF APPLICABLE): Lift / Rental \$20.00, Bus \$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, Feb. 19, 2010 by Noon

NO LATE SLIPS WILL BE ACCEPTED

Ski Club Date: February 26, 2010

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.

Kitty Greil (896-2930)
Ski Club Advisor

