

# ST. MARY'S YOUTH MINISTRY SKI TRIP

## Attention all Middle & High Schoolers!

Please join us for a day trip to **Pat's Peak** on **Tuesday, February 20th** (school vacation week).

This trip is open to all students in **grades 6 through 12**. Younger ones are welcome with a parent.

We will be gathering at the Parish Center parking lot Tuesday morning and taking a bus to the mountain. **Departure is at 6AM sharp.**

### Permissions slip, Rental form and payment

- **RSVP ASAP** to email addresses below on right to reserve your seat(s) on the bus and help us plan!
- Paperwork/payment due by Monday, February 12
- Checks payable to St. Mary's Parish with Memo: Ski Trip
- Drop off at Parish Office or Faith Formation Office

### Costs

- Free Bus courtesy of St. Mary's
- Bring lunch or lunch money
- Lift ticket only: \$52
- Lift ticket + Ski Rental: \$72
- Life ticket + Ski Rental + Lesson: \$92
- Above are \$10 more for age 18 and over
- Helmet Rental: \$10 (Required if you don't own one)
- Snow Tubing 2 Hours: \$17
- Snow Tubing 4 Hour: \$19
- Snow Tubing Full Day: \$34

### Chaperones and Families

- Chaperones are needed! Please contact us!
- Entire families are welcome!

PAT'S  
PEAK

Tuesday  
2-20-2018

Please email  
David Gracia if you are interested.

[gracia\\_1970@yahoo.com](mailto:gracia_1970@yahoo.com)

# FIELD TRIP

## **MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER**

Participant's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_

Parent or guardian's name

Child's name

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from St. Mary's Parish, Mansfield, MA

Name of parish/school

A brief description of the activity follows:

Type of event: St. Mary's Youth Group Ski Trip

Date of event: Tuesday, February 20, 2018

Destination of event: Pats Peak, 686 Flanders Rd, Henniker, NH 03242

Individual in charge: David Gracia (508) 728-8195

Estimated time of departure and return: 6AM Sharp Departure, 6-7PM Return

Mode of transportation to and from event: Charter Bus

Departure and Return Location: St. Mary's Rose Garden

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Mary's Parish, Mansfield, MA, its

Name of Parish/School

officers, directors, employees and agents, and the Arch/Diocese of Fall River, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Arch/Diocese of Fall River, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Arch/Diocese of Fall River.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical 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 & relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Arch/Diocese of \_\_\_\_\_, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Does child have any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_



# Equipment Rental & Liability Release Agreement

Rentals require a credit card or valid driver's license.

Today's Date	
Seasonal <input type="checkbox"/>	Return Date
Multiday <input type="checkbox"/>	/ /

Please fill out completely and press firmly.

Name: \_\_\_\_\_  
Last First M.I.

Group Name: (if applicable) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - - Email: \_\_\_\_\_

Weight: \_\_\_ lbs. Height: \_\_\_ ft. \_\_\_ in. Age: \_\_\_ Shoe Size: \_\_\_

### Skier Type

**SKIERS ONLY FILL THIS SECTION OUT**  
*(Please check only one)*

I am a cautious skier and prefer a lighter ski binding release/retention setting.

I am a moderate skier and prefer an average ski binding release/retention setting.

I am an aggressive skier and prefer a higher ski binding release/retention setting.

**PLEASE CHECK ALL BOXES THAT APPLY**

**Select Equipment**

<input type="checkbox"/> Skis	<input type="checkbox"/> Snowboard
<input type="checkbox"/> Premium Skis	<input type="checkbox"/> Snow Blades
<input type="checkbox"/> Boots	<input type="checkbox"/> Helmet
<input type="checkbox"/> Poles	<input type="checkbox"/> Snowshoes

**FOR SHOP USE ONLY**

Issued By \_\_\_\_\_

Skis No. \_\_\_\_\_ Ski Length \_\_\_\_\_

Boot Sole Length \_\_\_\_\_

Skier Code \_\_\_\_\_

Snowboard No. \_\_\_\_\_

Toe		Heel	
L			
R			

**Method of Payment**  
 Cash CK GC  
 MC V AE TR

TOTAL

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE "ACKNOWLEDGEMENT OF PERSONAL INFORMATION & EQUIPMENT INSTRUCTIONS" AND "EQUIPMENT RENTAL AND LIABILITY RELEASE AGREEMENT" ON THE BACK OF THIS FORM.

User's Signature: \_\_\_\_\_ Date: / /

**Parent/Guardian:** If equipment user is a minor, I verify that I am the parent or guardian of the minor. I have authority to enter into this Equipment Rental and Liability Release Agreement on behalf of the minor. I agree to be bound by its terms. I accept full responsibility for all medical expenses incurred as a result of the minor's use of this equipment and their use of Pats Peak Skiing, LLC's facilities, and I agree to indemnify and hold harmless the PROVIDERS from any claim brought by, or on behalf of, the minor.

Parent/Guardian's Signature: \_\_\_\_\_ Date: / /

- PLEASE NOTE - 1.** Ski bindings have been adjusted for your weight and your ability and may not be readjusted by any other person except a rental technician.
- 2.** Rental Shop closes 30 minutes after lifts close. Please return equipment immediately after your last run.

## Acknowledgement of Personal Information & Equipment Instructions

I have accurately represented the requested personal information and it is true and correct. I will not use any of the equipment that is rented to me during this transaction until I have received instruction on its use and I fully understand its use and function. If I am renting downhill ski equipment I will verify that the visual indicator settings to be recorded on this form match the numbers appearing in the visual indicator windows of the rented downhill ski equipment bindings.

## Equipment Rental & Liability Release Agreement

I accept for use **AS IS** the equipment listed on this form, and I accept full financial responsibility for the care of the equipment while it is in my possession. I agree to be responsible for the replacement at full value of any equipment rented under this form, but not returned to the shop. I agree to return all rental equipment by the agreed date and time.

**I understand that the binding system cannot guarantee the user's safety.** In downhill skiing, the binding system will not release at all times or under all circumstances where release may prevent injury or death, nor is it possible to predict every situation in which it will release. In snowboarding, the binding system will not ordinarily release during use; these bindings are not designed to release as a result of forces generated during ordinary operation.

I understand that the sport of skiing, snowboarding, and other recreational activities involve inherent and other risks of **INJURY** and **DEATH**. I voluntarily agree to expressly assume all risks of injury or death that may result from skiing and snowboarding or which relate in any way to the use of this equipment.

**I AGREE TO RELEASE** Pats Peak Skiing, LLC, its employees, owners, affiliates, agents, officers, directors, and the manufacturers and distributors of this equipment (collectively "PROVIDERS"), from all liability for injury, death, property loss and damage which results from the equipment user's participation in the sport of skiing/snowboarding, or is in any way related to the use of this equipment, including all liability which results from the **NEGLIGENCE OF PROVIDERS**, or any other person or cause.

I further agree to defend and indemnify **PROVIDERS** for any loss or damages, including any loss or damages that result from claims or lawsuits for personal injury, death, or property damage related in any way to the use of this equipment.

This agreement is governed by the applicable laws of New Hampshire. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

I further agree that any claim or suit that I may bring for any reason against the **PROVIDERS** shall be brought only in the state or federal courts of New Hampshire and that I must put the providers on written notice of any claim within sixty (60) days of the event giving rise to the claim.