

SKIING at Mad River

Sunday, February 19th

*Meet at Church parking
lot at 2 pm*

Ski from 4 - 9:30 pm

Return at 11 pm



Transportation provided by an adult chaperone

Sign-up Deadline: Feb 13th

after this date there is no guarantee that you can go

Cost

Lift Ticket - \$30

Ski or Snowboard Rental - \$24

You're allowed one switch without cost so you can try both

BUT you cannot switch back without a fee

Helmet - \$10

Tubing - \$30 for tubing only

- \$20 if you want to tube and ski

Bring spending money for dinner at the lodge

Parents are needed to drive and chaperone the entire event.

Please contact Nicole if you can. Email - Nicole@StRemyChurch.com

Phone 526-3437

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity described on the reverse and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese (the "Archdiocese"), and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.

2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate in spite of the risks.

3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:

(i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.

(ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

5. This power of attorney shall lapse automatically upon completion of the activity and related travel.

6. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.

7. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

My child is 18 years old. He/she must sign here granting personal consent _____

Signature of Parent/Guardian _____ Date ____/____/____

Phone: (w) _____ (h) _____

Address _____ City _____ Zip _____

Emergency Contact _____ Phone: (w) _____ (h) _____

Medical Information — Completed by Parent or Guardian — Please Print

Check this box if you've already filled out the Ongoing Activities for 2010-2011 permission slip for your child and the information has not changed. All students in junior high need to fill this portion out.

Child's Name _____ Birth Date ____/____/____ Insurance Co. _____

Policy No. _____ Member's Name _____ Member's Birth Date ____/____/____

Allergies _____ Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Family Doctor _____ Phone _____

Skiing Cost and Rentals (Check all the apply for you)

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* Remember to bring spending money for dinner.

Activity Info: Church Agency: St Remy
Church Date: 2/19/12 Activity: Skiing
at Mad River Time: leave St Remy
Church parking lot at 2 pm and return
by 11 pm. Transportation is provided
by an adult chaperone. **Group
Leader/Emergency Contact: Nicole
Muhlenkamp – 419.305.4959 (cell)**