

# FM Area Catholic Churches

# SKI TRIP

## ANDES TOWER HILLS



**Monday, February 19, 2018**

**(President's Day)**

**6<sup>TH</sup> - 12<sup>TH</sup> GRADERS ARE WELCOME**

**Bus leaves Nativity @ 8:00 a.m.**

**Bus returns to Nativity @ 8:00 p.m.**

# Cost: \$55

***Package includes lift ticket, ski rental, and transportation***

**Snowboard & Helmet Rental - \$18 extra**

**Got your own equipment? – Cost is only \$35**

**Adult Chaperones ski for free!!**

**REGISTRATION DEADLINE IS WEDNESDAY, FEBRUARY 14, 2018**

***Please make checks out to St. Joe's Catholic Church and bring forms to the parish office.***

**Liability Release Form**  
**RELEASE OF ALL CLAIMS**

The undersigned do hereby release, forever discharge and agree to hold harmless St. Joseph's Catholic Church from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death, or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is under 18, 18 or older).

The undersigned further agree to indemnify St. Joseph's Catholic Church and its respective members, directors, employees, and agents (collectively, the "indemnities") harmless and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses sustained by the Indemnities as the result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is under 18, 18 or older).

If participant is under 18 years of age, I (we) the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in the Ski Trip and hereby give permission to St. Joseph's Catholic Church to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

**The form below MUST be completed for every participant. If participant is under 18, parent or legal guardian must sign.**

Participant's Name (Please Print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Email: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Wk # \_\_\_\_\_

Parent's Name (Please Print) \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies or Other Medical Concerns \_\_\_\_\_

\_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

**Complete this form and return to Parish Office with payment by February 14, 2018**