

Skiing

Youth Permission Form

Event for students in grades 6-12



Type of Event: Skiing Time: 9:30-5:00 Depart: 9:30 (Sacred Heart Parking Lot)

Return: 5:00pm

Individual in Charge: Alyssa Hoeschen 320-429-0770 or youthministry@catholic-centered.org

Date of Event: Sunday, February 9, 2025

Location: Andes Tower Hills

Cost: \$25 plus an additional \$8 if you need a helmet

Transportation: Parent Chaperones and Drivers

Bring: Money for food if you would like snacks (no food can be brought in)

***For your child's safety we are requiring the children to wear a helmet. Helmets are available for rent for \$8 from Andes Tower Hills.

Please Return waivers with permission form!

Please contact Alyssa if you can chaperone this event! 320-429-0770

Skiing 2025 Permission Form

Participant's Name: _____ Date of Birth: _____ Grade: _____ Sex: _____

Parent/Guardian's Name: _____

Home Address: _____

Primary Phone: _____ Student Cell Phone: _____

Parent Primary Email Address: _____

I, _____, grant permission for my child, _____.
(parent/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 _____ **Tri-Parish** _____.

Name of Parish/School

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 the Tri-Parish, its officers, directors, employees and agents, and the Arch/Diocese of St. Cloud, its employees and agents, chaperones, 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 St. Cloud, its employees and agents and chaperones, 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 St. Cloud.

Signature: _____ Date: _____

Permission form and payment due to the Tri-Parish office, Freeport, by Jan 29, 2025

PERMISSION FORM (CONTINUED)

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.

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 #: _____

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 Saint Cloud, 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. **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: _____

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. 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.

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? _____

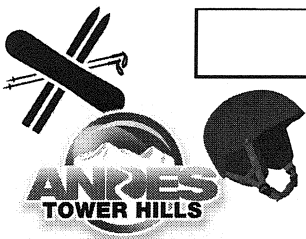
Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?

If so, list date and disease or condition: _____

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

Parent/Guardian Signature: _____ Date: _____ Thank You!

2024-2025 RENTAL SLIP



PLEASE FILL IN ALL SHADED AREAS & PLEASE PRINT

Are you with a scheduled group? Yes No
 If so, Group Name: Sacred Heart

HELMET	
No.	Tech.

Name: _____
 Address: _____ Sex: M F
 City: _____ State: _____ Zip: _____
 Phone: _____

I choose NOT TO RENT A HELMET even though one is available to me and its use is STRONGLY RECOMMENDED.

Type of Rental: Regular Ski High Performance Ski
 Helmet Snowboard Cross Country

If you are Skiing... Type of Skier:
 (1) Cautious (2) Moderate (3) Aggressive

If you are Snowboarding... Type of Snowboarder:

Regular (Left Foot Forward) Goofy (Right Foot Forward)

Boot Size	Age	Height	Weight
Full Size Only		Ft. In.	Ibs.

Ski or Board Size		Ski/Board #	\$
Boot Size		Tech Rep:	\$
Boot Length			\$
Total	<i>OFFICE USE ONLY</i>		\$
DIN			
Left Ski Toe			Right Ski Toe
Left Ski Heel	Tech Rep _____		Right Ski Heel

1) USER ACKNOWLEDGMENTS:

- I have been truthful in giving my height, weight, age, and ability.
- I accept this equipment "AS IS."
- I agree not to transfer any rental equipment to any other user. In the event I do transfer any part of the equipment in violation of this agreement I agree to indemnify Andes Tower Hills, Inc. against any claim, demand, losses, or damages arising out of the unauthorized use of this equipment.
- I will be responsible for the replacement at full retail value of any equipment not returned to Andes Tower Hills, Inc. I acknowledge my obligation to return this equipment by the same date as rented in clean condition and agree to pay for any repairs in the event the equipment is damaged beyond normal wear and tear.

PLEASE READ & SIGN THE ENTIRE AGREEMENT ON BACK PAGE →

•**ALPINE SKI EQUIPMENT:** I understand that the ski boot/binding system will not release at all times or under all circumstances, that it is not possible to predict every situation in which the system will release, and the system is no guarantee that the user will not be injured.

•**SNOWBOARDING, CROSS COUNTRY & SNOWSHOE EQUIPMENT:** I understand that the snowboard, cross country, & snowshoe boot/binding system is not designed or intended to release and will not release under normal circumstances. I understand that as the snowboard, cross country, & snowshoe boot/binding system is a non-release system, it will not reduce the risk of injury during a fall.

•**HELMET:** I understand that in order to function at its full capacity, this helmet must fit correctly. I agree that Andes Tower Hills, Inc. has supplied a helmet that fits me properly. When I fasten the chinstrap and shake my head, there is no significant movement of the helmet and at rest it feels comfortably snug. I fully understand all instructions on the correct use and function of the helmet. I understand that a helmet designed for Recreational Snow Sports use will help reduce the risk of some types of injuries to the user. I recognize that serious injury or death can result from both low- and high-speed impacts, even when a helmet is worn. I understand that no helmet can protect the user against every foreseeable impact to the head, and that Recreational Snow Sports present unavoidable and inherent risks of injury which surpass the limits of protection offered by this helmet. I understand that this helmet does not protect against trauma to any other part of my body, including my neck, face, and spine. In the event of any accident while wearing the helmet or damage otherwise inflicted upon the helmet, I agree to immediately cease use, return it to the rental facility, and provide a written report describing the incident.

2) **EXPRESS ASSUMPTION OF RISK:** I UNDERSTAND AND ACCEPT that skiing and snowboarding in its various forms (the "Activities") are DANGEROUS and involve certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The inherent risks associated with the Activities include, but are not limited to: loss of control; collisions with other persons; collisions with natural and man-made objects (including, without limitation, trees, rocks, stumps, holes, forest growth, downed timber, fences, posts, padded and non-padded barriers, lift equipment and towers, rope tows, light poles, snowmaking equipment, signs, buildings, and paved, wooden, gravel and dirt roads and walkways); collisions with over-snow vehicles (including, without limitation, groomers, snowmobiles, and utility or all-terrain vehicles); encountering marked and unmarked terrain features (including, without limitation, snowmaking mounds, moguls, jumps, ramps, half-pipes, rails, boxes, and other freestyle and terrain park features); encountering ice, bare spots, and debris; changes and variation in terrain and slope; changes and variation in weather, snow, surface, and lighting conditions; slips and falls on ice and snow; errors in loading, riding, or unloading a lift (including, without limitation, misloading, being struck by a chairlift, becoming entangled with equipment, and falling from a chairlift); and possible equipment failure and/or malfunction, including lift equipment and my own or rented or borrowed equipment. I ACKNOWLEDGE AND ACCEPT that ANDES TOWER HILLS, INC. has no duty to protect me from the above risks or any other risks inherent to the Activities. I UNDERSTAND AND ACCEPT that such risks may cause SERIOUS INJURY including PERMANENT DISABILITY, OR DEATH, and EXPRESSLY AND VOLUNTARILY ASSUME all such risks, accepting for myself FULL RESPONSIBILITY for any loss or damage I may sustain.

3) **RELEASE OF LIABILITY:** I AGREE TO RELEASE ANDES TOWER HILLS, INC., including its owners, officers, directors, managers, employees, agents, volunteers, successors, and assigns (the "Releasees"), from liability for Releasees' own NEGLIGENCE. I understand that this means I am waiving my right to sue Releasees for any personal injury, disability, death, or property damage I may sustain in relation to my use of ANDES TOWER HILLS, INC. premises and facilities, use of rental equipment, or my participation in the Activities caused by Releasees' own negligent acts or omissions. I agree that this release applies to and is binding on any minor for whom I sign. I further agree to pay all costs and expenses, including attorneys' fees, incurred by Releasees in connection with any claim brought by or on behalf of me or any minor for whom I sign, in violation of this release of liability.

4) **INDEMNIFICATION:** I AGREE TO INDEMNIFY AND HOLD THE RELEASEES HARMLESS from liability for claims for personal injury, disability, death, or property damage arising out of my own negligence or the negligence of any minor for whom I sign, even if such claim also arises from or is alleged to arise from Releasees' own negligence. This includes paying all judgments, interests, costs and expenses, including attorneys' fees, incurred by Releasees in connection with any claim arising out of my own negligence or the negligence of any minor for whom I sign, even if such claim also arises or is alleged to arise from Releasees' own negligence.

5) **MY RESPONSIBILITIES:** I AGREE to follow and be bound by "YOUR RESPONSIBILITY CODE," promulgated by the National Ski Areas Association and posted by ANDES TOWER HILLS, INC.

6) **MISCELLANEOUS PROVISIONS:** If any term or provision of this Agreement is deemed invalid, illegal, or unenforceable, all other parts will be given full force and affect. All matters arising out of or relating to this Agreement or my participation in the Activities will be governed by the laws of the State of Minnesota, and exclusive jurisdiction thereof will be in the district court residing in and for Douglas County, Minnesota.

PARTICIPANT ACKNOWLEDGMENT AND SIGNATURE

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING MY RIGHT TO SUE THE RELEASEES FOR THEIR OWN NEGLIGENCE. I VOLUNTARILY SIGN WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Participant Name (Print):

Signature:

Date:

FOR PARTICIPANTS UNDER THE AGE OF 18

PARENT/ AUTHORIZED ADULT ACKNOWLEDGMENT AND SIGNATURE

I AM THE PARENT OF THE MINOR NAMED ABOVE, OR AM AUTHORIZED TO SIGN ON BEHALF OF THE MINOR. I DESIRE FOR THE MINOR NAMED ABOVE TO PARTICIPATE IN THE ACTIVITIES AND BELIEVE IT IS IN HIS/HER/THEIR BEST INTEREST TO DO SO. I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. BY SIGNING BELOW, I GIVE THE MINOR NAMED ABOVE PERMISSION TO PARTICIPATE IN THE ACTIVITIES WITH THE UNDERSTANDING AND INTENTION THAT THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE BINDING ON ME AND THE MINOR ON WHOSE BEHALF I AM SIGNING, INCLUDING THE EXPRESS ASSUMPTION OF RISK, RELEASE OF LIABILITY FOR RELEASEES' OWN NEGLIGENCE, AND INDEMNITY AGREEMENTS.

Parent/ Authorized Adult Name (Print)

Signature:

Date:



2024-2025 Winter Activities Day Pass Agreement Assumption of Risk, Release of Liability, and Indemnification

PLEASE READ CAREFULLY BEFORE SIGNING
This Agreement Affects Your Legal Rights

In consideration for purchasing a lift ticket, and as a condition of being permitted to use Andes Tower Hills, Inc. premises and facilities, including for Alpine Skiing, Snowboarding, Snowskating, Nordic Skiing, Snow Biking, and/or Fat Tire Biking (the "Activities"), the individual(s) named below (referred to as "I" or "me") agree to all of the terms and conditions set forth in this Agreement.

- 1) EXPRESS ASSUMPTION OF RISK: I UNDERSTAND AND ACCEPT THAT THE ACTIVITIES ARE DANGEROUS and involve certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The inherent risks associated with the Activities include, but are not limited to: loss of control; collisions with other persons; collisions with natural and man-made objects (including, without limitation, trees, rocks, stumps, holes, forest growth, downed timber, fences, posts, padded and non-padded barriers, lift equipment and towers, rope tows, light poles, snowmaking equipment, signs, buildings, and paved, wooden, gravel and dirt roads and walkways); collisions with over-snow vehicles (including, without limitation, groomers, snowmobiles, and utility or all-terrain vehicles); encountering marked and unmarked terrain features (including, without limitation, snowmaking mounds, moguls, jumps, ramps, half-pipes, rails, boxes, and other freestyle and terrain park features); encountering ice, bare spots, and debris; changes and variation in terrain and slope; changes and variation in weather, snow, surface, and lighting conditions; slips and falls on ice and snow; errors in loading, riding, or unloading a lift (including, without limitation, misloading, being struck by a chairlift, becoming entangled with equipment, and falling from a chairlift); and possible equipment failure and/or malfunction, including lift equipment and my own or rented or borrowed equipment. I ACKNOWLEDGE AND ACCEPT that ANDES TOWER HILLS, INC. has no duty to protect me from the above risks or any other risks inherent to the Activities. I UNDERSTAND AND ACCEPT that such risks may cause SERIOUS INJURY including PERMANENT DISABILITY, OR DEATH, and EXPRESSLY AND VOLUNTARILY ASSUME all such risks, accepting for myself FULL RESPONSIBILITY for any loss or damage I may sustain.
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Participant Name (Print): Signature: Date: Age:

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Parent/Authorized Adult Name (Print): Signature: Date:

