

# NORTH DEANERY SKI TRIP

Sunday, January 14<sup>th</sup>, 2018

Perfect North Slopes  
Lawrenceburg, IN



**Who:** All Students in Grades 7-12

**When:** Sunday, January 14<sup>th</sup>, 2018

Meet at St. Matthew for 7:30am Mass.

Return to St. Matthew approximately 8:00pm.

**Where:** Perfect North Slopes

**Cost:** \$89 (includes ski/snowboard rental, helmet rental, lift ticket, tubing, and bus ride)

\*Optional\* \$97 includes everything above, plus a food card worth \$10 at the Ski Lodge

Make all checks payable to ST. LUKE

**Registration Deadline:** All Permission Forms, Waivers, and Money are due Therese Hartley by Friday, December 15<sup>th</sup>, 2017

## Things to Remember:

- Dress in layers and for the weather! You will get warmer the longer you ski/snowboard/tube.
- Bring a change of clothes for the bus ride home.
- Bring money for meals at the ski lodge or a sack meal and snacks.
- There will be NO STOPS to and from Perfect North Slopes.

## Disclaimer:

Due to weather conditions, we cannot guarantee this trip will happen on the scheduled date.

If cancelled due to weather, trip may be rescheduled. You will receive your ski ticket money back if you cannot make the rescheduled date, and we will do our best to sell your seat on the bus.

If it is cancelled, and there is no make-up date possible, you will be refunded the ski ticket plus partial bus fee, depending on cancellation fees from the bus company.

**Be sure to fill out all attached permission slips and waivers to  
THERESE HARTLEY NO LATER THAN FRIDAY, DECEMBER 15<sup>TH</sup>!!**

**We need chaperones!** Please let your Therese Hartey know if you can come and whether you need rental equipment.



## NDYMA Travel Event Guidelines 2017-2018

**Ski Trip**      **Name of Youth Participant:** \_\_\_\_\_

You are representing the Archdiocese of Indianapolis and your parish during this event and we expect you will represent us well. We expect that you will display a mature and responsible behavior, which for many years has been the trademark of Catholic youth.

Some Expectations:

- All participants are expected to arrive on time.
- All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
- Socializing should always been done in public areas.
- Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
- Smoking is not permitted.
- Weapons and drug paraphernalia are not allowed.
- If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
- All participants must follow the transportation rules and regulations set forth by the Archdiocese of Indianapolis; of which will be announced and enforced upon departure of the event, and must be followed for the duration of the event. Any rule that is not followed will result in parents being contacted and your bus seat being reassigned next to a chaperone.
- Infraction of these rules can mean immediate dismissal with no refund.

*I understand and agree to this behavior code. I also understand and agree that at any time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.*

*I also understand and agree that my parents or guardians will be notified at the time of an infraction requiring my dismissal. My parents or guardians will be responsible for my removal from the premises and any costs involved.*

\*\*Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I request that my child, \_\_\_\_\_ be allowed to participate in the **Perfect North Ski Trip on January 14, 2018** and hereby release and indemnify The North Deanery Youth Ministers, its staff, volunteers and the Archdiocese of Indianapolis, from any and all liability from claims of any kind or nature whatsoever from my child's participation in this event.

I understand that I will be notified at the time of any major infraction by my child, which will result in his/her dismissal from the event. I will also be required to pick up my child from the event at the time of the infraction.

I grant the permission of First Aid to be given to my student by the people in charge of the event, and those transporting my child to and from the program as their judgement deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery, if deemed necessary for my child.

Insurance Company Name: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Any Medical Conditions/Allergies \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Cell Phone Number(s): \_\_\_\_\_

\*\*Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I can chaperone: \_\_\_\_\_ I am Safe & Sacred trained: \_\_\_\_\_ I have a background check on file: \_\_\_\_\_

I will ski: \_\_\_\_\_ I will be a Lodge Parent: \_\_\_\_\_

**Clarifying Clauses:**

- I, the ADULT PARTICIPANT and/or the RESPONSIBLE ADULT, understand that this agreement between myself and PNS cannot be modified or changed in any way by representations or statements by any agent or employee of PNS.
- I also understand that if legal action is brought, the Circuit or Superior Court of Dearborn County, Indiana or The United States District Court for the Southern District of Indiana has the sole and exclusive jurisdiction and that only the substantive **laws of the State of Indiana** shall apply.
- I further expressly agree that the foregoing Assumption of Risk, Waiver of Liability, and Indemnification Agreement is intended to be as broad and inclusive as is permitted by **the laws of the State of Indiana** and that **if any portion thereof is held invalid**, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the ADULT PARTICIPANT and/or the RESPONSIBLE ADULT **certify the following:**

*(Capability Assertions)* I certify that the ADULT PARTICIPANT AND/OR MINOR PARTICIPANT(S):

- Possesses a sufficient level of skill and physical fitness for participation in PNS activities.
- Has no health problems that would increase their risk of injury during participation in PNS activities.
- Acknowledges that PNS encourages each participant to get medical clearance prior to participation.
- Acknowledges that it is the participant's duty to cease activity immediately and inform staff if he/she feels any unusual discomfort or is injured during participation.

*(Behavior Agreements)* I certify that the ADULT PARTICIPANT AND/OR MINOR PARTICIPANT(S):

- Agree to obey all rules (including the 'Your Responsibility Code' and/or the terrain park 'Smart Style' program when skiing and/or snowboarding) and alert the staff to any rules violations or dangerous behavior of co-participants.
- Agree to attempt only activities that he or she feels capable of performing without increased risk of injury.
- Agree to obey all posted signs and stay out of prohibited areas.
- Acknowledge that PNS has authority to end my participation if it presents a danger to myself and/or others.

*(Emergency Authorizations)* I certify that on behalf of myself, and/or the MINOR PARTICIPANT(S):

- I authorize PNS to secure and/or administer emergency first aid, CPR, and use an AED when deemed necessary.
- I authorize PNS to secure emergency medical care or transportation when deemed necessary, and I agree to assume all costs of emergency medical care and transportation.
- I agree to inform PNS of any injury (even minor injuries) prior to leaving the PNS facility.

*(Use of Images)* I certify that:

- I give permission to PNS to use any photographs, images, or likenesses taken of myself, and/or the MINOR PARTICIPANT(S) in its marketing brochures, ads, videos, or other media.

**ACKNOWLEDGEMENT OF UNDERSTANDING:** I, the ADULT PARTICIPANT, or MINOR PARTICIPANT(S) and/or RESPONSIBLE ADULT, have read this Assumption of Risk, Waiver of Liability, and Indemnification Agreement and fully understand its terms. **I understand that I am giving up substantial rights that might belong to me and/or the MINOR PARTICIPANT(S)** including:

- 1) my right as an ADULT PARTICIPANT to recover damages for any loss I may suffer resulting from my injury or death resulting from participation at PNS;
- 2) my right as a RESPONSIBLE ADULT to recover damages for any loss I may suffer resulting from injury to or death of one or more MINOR PARTICIPANTS resulting from participation at PNS; and
- 3) the right of a MINOR PARTICIPANT to recover damages for any loss he/she might suffer from injury or death resulting from participation at PNS.

I further acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a **complete and unconditional release of all liability for myself, and/or the MINOR PARTICIPANT(S)** due to 1) **negligence** by PNS and the other *Protected Parties* or to 2) the **inherent risks** of PNS activities, to the greatest extent allowed by law in the State of Indiana.

*Further, I, the RESPONSIBLE ADULT, assert that 1) I have explained the risks of the activity to the MINOR PARTICIPANT(S); 2) each understands this Agreement; and 3) by my signature below, we knowingly accept and assume the inherent risks of PNS activities.*

FOR ADULT PARTICIPANTS:

Name of Adult Participant #1 (Please Print)	Signature of Adult Participant #1	Date
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Name of Adult Participant #2 (Please Print)	Signature of Adult Participant #2	Date
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FOR MINOR PARTICIPANTS:

**I certify that I am the parent, legal guardian, and/or an adult acting in place of and on behalf of said MINOR PARTICIPANT(S) listed below, and by my signature agree to be bound by the terms of this agreement:**

Name of RESPONSIBLE ADULT (Please Print)			Signature of RESPONSIBLE ADULT			Date		
Name of Minor Participant #1	Date of Birth	Age	Name of Minor Participant #2	Date of Birth	Age	Name of Minor Participant #3	Date of Birth	Age
Name of Minor Participant #3	Date of Birth	Age	Name of Minor Participant #4	Date of Birth	Age	Name of Minor Participant #4	Date of Birth	Age

**Clarifying Clauses:**

- I, the ADULT PARTICIPANT and/or the RESPONSIBLE ADULT, understand that this agreement between myself and PNS cannot be modified or changed in any way by representations or statements by any agent or employee of PNS.
- I also understand that if legal action is brought, the Circuit or Superior Court of Dearborn County, Indiana or The United States District Court for the Southern District of Indiana has the sole and exclusive jurisdiction and that only the substantive **laws of the State of Indiana** shall apply.
- I further expressly agree that the foregoing Assumption of Risk, Waiver of Liability, and Indemnification Agreement is intended to be as broad and inclusive as is permitted by **the laws of the State of Indiana** and that **if any portion thereof is held invalid**, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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- Agree to attempt only activities that he or she feels capable of performing without increased risk of injury.
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- 1) my right as an ADULT PARTICIPANT to recover damages for any loss I may suffer resulting from my injury or death resulting from participation at PNS;
- 2) my right as a RESPONSIBLE ADULT to recover damages for any loss I may suffer resulting from injury to or death of one or more MINOR PARTICIPANTS resulting from participation at PNS; and
- 3) the right of a MINOR PARTICIPANT to recover damages for any loss he/she might suffer from injury or death resulting from participation at PNS.

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Name of Adult Participant #1 (Please Print)	Signature of Adult Participant #1	Date
Name of Adult Participant #2 (Please Print)	Signature of Adult Participant #2	Date

FOR MINOR PARTICIPANTS:

**I certify that I am the parent, legal guardian, and/or an adult acting in place of and on behalf of said MINOR PARTICIPANT(S) listed below, and by my signature agree to be bound by the terms of this agreement:**

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Name of Minor Participant #4	Date of Birth	Age	Name of Minor Participant #5	Date of Birth	Age	Name of Minor Participant #6	Date of Birth	Age