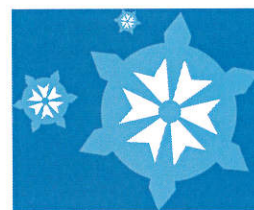




7th GRADE



SNOW DAY



SATURDAY, JANUARY 25, 2014

WHO: 7th GRADERS from CROSSROADS & their 7th grade friends.

What: SNOW TUBING at Liberty Mountain, PA.

When: Saturday, January 25th, from 7:15am to 2:30pm.

Where to Meet: Back parking lot of 150 S. Washington St., Falls Church, VA 22046 @ 7:15am ready to check-in & go. The bus will leave promptly at 7:30am. Return same day & location around 2:30pm.

What to Bring: Warm clothes, ski jacket or water proof outer-layer, boots or water proof shoes, bag lunch, and \$ for snacks. (Any valuables are brought at your own risk.)

Cost: \$50 which includes snow tubing reservation, bus ride, & leader supervision. Please makes checks payable to The Falls Church Anglican.

Every Student Must Turn In:
A Liberty Mountain RELEASE FORM filled out completely with parent/guardian signature along with the TFCA registration/release form, and a check. Space is limited, so sign up NOW!

For more info, please call Preston (571-282-0305) or email him at preston@tfcanglican.org.

TO REGISTER for 7th Grade Snow Day

Turn in... 1) this Snow Day registration/release form below, filled out completely, 2) a \$50 check for the full cost of the trip & 3) the Liberty Mountain release form filled out completely and signed (also attached). Deadline to sign up is **Monday, January 20th**.

Student's Name (Last) _____ (First) _____ Goes by _____

Male ☐ Female ☐ Date of Birth (M/D/Y) _____ HS Graduation Year _____ School _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Student Cell Phone _____ Student Email _____

Name of Father/Guardian _____ Cell # _____ Work # _____

Name of Mother/Guardian _____ Cell # _____ Work # _____

Best Parent Email for Contact/Info (identify which parent) _____

All forms and payments can be mailed to "Crossroads, TFCA Youth Office, 150 S. Washington St., Suite 100, Falls Church, VA 22046" or turned in directly to the youth office of TFCA (Monday-Friday).

MEDICAL & EMERGENCY CONTACT INFORMATION

Additional Emergency Contact (not parent) _____ Relation _____ Phone _____

Health Insurance Carrier _____ Name of Insured _____

ID # _____ Group # _____ Phone # _____

Please list any medications/treatments/inhalers student will be bringing _____

(PLEASE BRING ALL PRESCRIPTION MEDICATIONS TO THE NURSE AT REGISTRATION IN ORIGINAL CONTAINER-NAME ON BOTTLE MUST BE SAME AS NAME LISTED ON INSTRUCTION SHEET. DO NOT USE COMMON NAME IF GENERIC NAME IS ON BOTTLE.)

Allergies to food or drugs? (Please list) _____

Dietary Restrictions? _____ Other Limitations or Restrictions? _____

Additional health information/concerns: _____

PARENT PERMISSION FORM

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, the undersigned parent(s) or lawful guardian(s) of _____, a minor, authorize The Falls Church Anglican to serve as my/our agent for determining the need of, and for authorizing, any diagnosis, treatment, and medical care (including, but not limited to determining the type of health care professional and hospital care needed) determined by The Falls Church Anglican to be advisable during the _____ trip. I/We understand this authorization is given in advance of any specific diagnosis, treatment or medical care being required, and is given to provide authority and power on the part of The Falls Church Anglican to give specific consent to any and all such diagnosis, treatment or medical care that the health care professional in the exercise of his or her best judgment may deem advisable.

LEGAL RELEASE

In consideration of The Falls Church Anglican determining the need for, and type of, diagnosis, treatment, or medical care (if any), I/We release The Falls Church Anglican from any and all liability whatsoever for bodily injuries, property damage, or other claims sustained during or related to the diagnosis, treatment, and medical care. I/We also agree to indemnify The Falls Church Anglican and/or its agents for, and hold The Falls Church Anglican and/or its agents harmless from, any and all claims or suits brought by any person or entity to the extent of any and all costs, expenses, damages, judgments, verdicts, and/or attorneys' fees.

LIABILITY FOR VANDALISM OR DAMAGES

I/We agree that aforesaid minor will be held personally responsible for any vandalism, and for damages caused by negligent behavior or failure to follow trip rules.

IMPORTANT: The box below must be completed and signed by parent/guardian to ensure student's attendance.

I have read and understand the foregoing authorization, legal release, liability for vandalism or damages. I give permission for my child to participate in _____; to travel in Youth Ministry vehicles or chartered buses for off-site (TFCAA) activities &/or trips. I give permission for pictures/videos in which my child appears as a program participant, to be used in camp brochures, flyers and/or other promotional materials published and distributed by the Youth Ministry Office of The Falls Church Anglican.

Parent/Guardian Name _____ Signature _____ Date _____

BOULDER RIDGE, WHITETAIL ADVENTURE & ROUNDTOP TUBING
RELEASE & ASSUMPTION OF RISK AGREEMENT

NAME: _____
Please Print

DATE: _____
Tubing Date

ADDRESS: _____

E-MAIL: _____

GROUP NAME (if applicable): _____

NOTICE OF RISK

I, the undersigned, do hereby understand and agree that the recreational sport of snow tubing contains inherent and other risks that could lead to serious injury or death. These risks include but are not limited to: falling out of the tube; traveling at various rates of speed; collisions with other tubes, tubers, or spectators; collisions with man-made objects such as: fencing, snowmaking and grooming equipment, collisions with natural objects, collisions with associated equipment, variations in terrain and steepness of terrain, varying surface conditions such as: ice, ice chunks, wet or slushy snow, slippery walking surfaces, and the use of the tubing lifts.

I further agree to inspect the tubing area, tubing slope, tubes and all associated equipment prior to any use of the same. I agree to read, understand, follow or ask for explanation of all the rules, policies, and tubing responsibility codes that are posted at the tubing area. I understand that I can ask for and will receive instructions on the use of the tubing slope and the tubing lift prior to any use of the same. I further understand and agree that my minor child must be a minimum of five years old in order to use the main tubing slope.

I accept for use, AS IS, the tubing area including the tubing slope, tubing lift, tubes and other associated equipment.

ASSUMPTION OF RISK

Understanding, acknowledging and agreeing to all of the risks involved, **I hereby agree to expressly and voluntarily accept and assume all risks involved in the sport of snow tubing.**

RELEASE OF LIABILITY

In consideration of being allowed to use the tubing area at Liberty, Whitetail or Roundtop, **I HEREBY AGREE NOT TO SUE AND TO RELEASE, SKI LIBERTY OPERATING CORP., WHITETAIL MOUNTAIN OPERATING CORP. AND SKI ROUNDTOP OPERATING CORP., AS WELL AS THEIR OWNERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY RELATED TO INJURY, PROPERTY LOSS OR OTHERWISE RELATED TO MY PAST, PRESENT OR FUTURE USE OF THE TUBING FACILITY, REGARDLESS OF ANY NEGLIGENCE, GROSS NEGLIGENCE OR IMPROPER CONDUCT ON THE PART OF THE SAME. I FURTHER AGREE TO INDEMNIFY AND DEFEND THE SAME, FROM ANY CLAIM FOR LIABILITY RELATED TO INJURY AS A RESULT OF MY OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE.**

I agree that all disputes arising under this contract shall be litigated exclusively in the Court of Common Pleas of the County in which the incident occurred or in the United States District Court for the Middle District of Pennsylvania. Further, this agreement is governed by the applicable laws of the state of Pennsylvania. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

If I do not agree with the above, I will not use the tubing facility.

I, the undersigned have read, understand and agree to be legally bound by the above release agreement.

Tubing participant signature: _____ Date _____
(If a minor (under 18), the signature of a parent or guardian is required)

Parent or Guardian Signature: _____ Date _____
(The signature of one parent or guardian binds both parents or guardians in reference to this agreement) lw13/14