

# Youth Ministry Tubing Trip

## Grades 6 to 12



Where: Whitetail Resort  
Students will be transported  
by bus from St. Joseph

When: Friday January 12<sup>th</sup>  
from 6-10 PM

Cost: \$20 per person

Please wear comfortable shoes and warm clothing (jacket, etc.)

Friends are welcome. ALL participants must have a 2017-2018 liability form submitted to the Parish Office in order to attend!

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Youth Ministry Tubing Trip, January 12<sup>th</sup> from 6 to 10 PM. Please return \$20 and this form by January 5th to South Washington County Catholic Parishes Parish Office.

Print Clearly!!

YOUTH NAME \_\_\_\_\_ GRADE \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BY MY SIGNATURE, I GIVE THE ABOVE-NAMED YOUTH PERMISSION TO ATTEND Youth Ministry Tubing Trip on January 12<sup>th</sup> from 6 to 10 PM.

PARENT SIGNATURE: \_\_\_\_\_

I AM ABLE TO CHAPERONE\* FOR Tubing Trip \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

\*Chaperones must have completed SHIELD THE VULNERABLE training.

\*\*\* Current Year Liability Form MUST be on file in the Parish Office to attend \*\*\*

**The Catholic Parishes of South Washington County  
Youth Permission Form and Release**

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**(PLEASE PRINT)**

Youth Name \_\_\_\_\_ Male/ Female (circle)

Parent Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Email address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Attending (2017-2018) \_\_\_\_\_ Grade \_\_\_\_\_

I hereby grant permission for my child to participate in all Grades K-12 youth ministry activities sponsored in whole or in part by/at The Catholic Parishes of South Washington County: St. Augustine in Williamsport, St. James in Boonsboro or St. Joseph in Hagerstown including but not limited to Faith Formation, Vacation Bible School, EDGE, FaithLife and Outreach programs. I also grant permission for my child to be transported to, from, and during such activities by a Shield the Vulnerable trained volunteer, employee or third-party transportation (the "Activities").

In consideration of the opportunity for my son/daughter to participate in the Activities, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY The Catholic Parishes of South Washington County; St. Augustine/St. James/St Joseph Catholic Church, the Division of Youth & Young Adult Ministry, the Roman Catholic Archbishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the Activities. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate and hereby assume all dangers and risks.

I understand that my child's participation in the Activities may require a minimum level of fitness for safe participation, and that the Church does not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the activities.

In the case of a health emergency or need of urgent healthcare involving my child, after a reasonable effort has been made to contact me (or if the urgency of the circumstances does not permit an effort to contact me), I authorize and consent to any medical care deemed necessary for the health and safety of my child.

**PLEASE COMPLETE OTHER SIDE**

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

\_\_\_\_\_ I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_ issued by \_\_\_\_\_.

\_\_\_\_\_ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Circle all that apply:)

Tylenol   Benadryl   Advil   Kaopectate   Neosporin   Pepto Bismol   Sunscreen

ADD any other medical information concerning medication, allergies, illness, challenges, etc.

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ADD any dietary restrictions: \_\_\_\_\_

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.)

Parents/guardians who do not wish their child to be photographed or filmed should so notify the Parish in writing. Please note that the Parish has no control over the use of photographs or film taken by media that may be covering the event in which your child participate

**The following emergency contacts have permission to pick-up my child and to make decisions regarding my child on my behalf if the church is unable to reach me (please list as many as possible.):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

Parent/Guardian 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 Mountain Resort, Whitetail Resort or Roundtop Mountain Resort, **I HEREBY AGREE NOT TO SUE AND TO RELEASE, SKI LIBERTY OPERATING CORP., WHITETAIL MOUNTAIN OPERATING CORP., SKI ROUNDTOP OPERATING CORP., AND SNOW TIME, INC., AS WELL AS THEIR AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY RELATED TO INJURY, PROPERTY LOSS OR OTHERWISE RELATED TO ANY PAST, PRESENT OR FUTURE USE OF THE TUBING FACILITY, REGARDLESS OF ANY NEGLIGENCE ON THE PART OF THE RESORT, INCLUDING GROSS NEGLIGENCE, IMPROPER CONDUCT OR ANY OTHER CAUSE ENFORCEABLE BY LAW. I FURTHER AGREE TO INDEMNIFY AND DEFEND THE SAME, FROM ANY CLAIM FOR LIABILITY RELATED TO INJURY AS A RESULT OF MY, MY CHILD'S AND/OR MY SPOUSE'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. I further agree that this agreement is governed by the applicable laws of the Commonwealth 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 below)

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(The signature of one parent or guardian binds both parents or guardians in reference to this agreement) 1w17/18