

# 17th Annual Winter Thing



**TIME :** Check in will begin at 9:59 am on January 28, 2017. Our activity will end at 5:55 pm.

**PLACE :** Evangel Baptist Church of Hagerstown, MD and Whitetail Ski Resort, Mercersburg, PA.

**AGE :** 7<sup>TH</sup> – 12<sup>TH</sup> GRADE

**WHAT TO BRING :** Yourself, a friend or three, Bible, pencil, notebook, appropriate clothes for warm and cold activities. PLEASE BRING NO electronic devices; this includes video games, CD players, MP3 players, ipods, or cell phones.

**? ' S :** Contact Pastor Ron Faith at the church 301-733-6711 or cell 301-991-1718

**COST :** \$ 5.00 for the Evangel activities. The cost for tubing is 1 hour for \$27.00 and 2 hours for \$30.00.

I give permission for my son/daughter to attend the above described activity with the Evangel Baptist Church Youth Group. I authorize the Evangel Baptist Church youth staff or youth workers involved to care for the administration and treatment for any minor injury or medical problem. I understand that if any injury or medical problem occurs which requires professional medical or emergency treatment. I give permission for the Evangel Baptist Church staff to summon professional emergency personnel, to attend, transport and treat my child. The Evangel Baptist Staff will attempt to contact me in case of an emergency but may do so after emergency care has been administered. I release Evangel Baptist Church, pastors, and youth staff and churches involved, from any liability.

***\*ONLY ONE TEEN PER REGISTRATION FORM\****

NAME OF TEEN \_\_\_\_\_ SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Event

1-hr tubing

2-hr tubing

Pd. \_\_\_\_\_



**BOULDER RIDGE, WHITETAIL ADVENTURE & CANNONBALL RUN TUBING  
RELEASE & ASSUMPTION OF RISK AGREEMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Please Print 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 and 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)