



Ski Retreat

For

Senior High and Young Adults

February 17-19

9:00pm Friday to Noon Sunday

Oak Hills Campgrounds near Wisconsin Dells

Those in 9th grade up to age 29

are Welcome

If you want to have a **FUN WEEKEND**,
CONNECT with old friends, make new friends, or just
GET AWAY for a while... **JOIN US**

Registration Deadline: February 10, 2012

For more information, to register, and to

download **REQUIRED** forms,

visit www.headwatersmc.com

Questions: contact Stacy Corless
tscorless@tds.net or 608-850-4776

Youth Ski Retreat

Registration Deadline : February 10th, 2012

FORMS

All participants **MUST** complete the following consent forms. Parents must sign for those younger than 21 years old. The forms **must** be signed in order to participate in the retreat and ski activities.

- Community of Christ Children and Youth Event Registration Form (front and back)
- Community of Christ Children and Youth Event Health Information and History Form
 - Attach photocopy of Insurance card
 - Attach copy of immunization record
- Community of Christ Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement
- Cascade Mountain Release of Liability – Parental Permission Agreement
- (IF TUBING) Cascade Mountain Snow Tubing Release of Liability

COST

Retreat (food,lodging,supplies)		\$45.00
If you are Skiing/Snow boarding:		
Lift Ticket	\$16.00	_____
Renting Skis/Boardequipment	\$12.00	_____
Lessons *	\$20.00	_____
If you are only Tubing	\$15.00	_____
TOTAL		_____

* If you have never skied before, you must take lessons at Cascade Mountain

BRING TO RETREAT:

All forms completed and signed

Check made payable to "Community of Christ"

Bedding or sleeping bag (twin mattress provided)

Pillow

Toiletries

Towel

Gloves, hats

Ski equipment if not renting

QUESTIONS: Contact Stacy Corless at tscorless@tds.net or 608-850-4776



Children and Youth Event Registration Form

Headwaters Mission Center Gathering Ministries

Event Year: _____ Event Name: _____

Name: _____
Last First MI

Address: _____
Number and Street Apt.#

City State/Province Zip Code Country

Home Phone: _____

Cell Phone: _____ Texting? Yes No

Email Address: _____

Check all that apply

- Camper Staff
 Female Male

Date of Birth: _____

Grade as of Event: _____

- Facebook My Space

- Twitter

acct. # _____

Parent/Legal Guardian

Parent/Legal Guardian

Name _____

Name _____

Address (if different from above) _____

Address (if different from above) _____

Home Phone - Area Code _____

Home Phone - Area Code _____

Work Phone - Area Code _____

Work Phone - Area Code _____

Cell Phone - Area Code _____

Cell Phone - Area Code _____

Emergency Contact

Emergency Contact

Name _____

Name _____

Address _____

Address _____

Home Phone - Area Code _____

Home Phone - Area Code _____

Work Phone - Area Code _____

Work Phone - Area Code _____

Cell Phone - Area Code _____

Cell Phone - Area Code _____

**A Health Information and History Form must be completed
for the participant to attend this event!**

Please read each of the following Release and Consent Statements before signing below.

Permission for Medical Treatment

I, the undersigned parent, legal guardian, next of kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment.

Headwaters Mission Center (HMC) Event Photo Release Agreement

At HWMC Events, we like to take pictures of all of our fun activities. Sometimes, we will use these photos for promotion purposes such as brochures, flyers, website, proposals, etc., Please let us know if we have your permission to use your child's photos or videotape of your child/children for the purposes stated above. We appreciate and kindly thank you in this matter.

- Yes, HWMC has my permission to use my child's photos/video that may have my child/children in them for purposes stated above in this agreement.
- No, I do not want HWMC to use photos/video of my child/children for promotional purposes.

Please Initial: _____

Activity Consent

I specifically consent to the applicant's participation in this event. I certify that the applicant has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the camper can swim). I specifically do **NOT** want the applicant to participate in the following activities:

Liability Release

I have read the information on this form and filled in the requested information to the best of my/our knowledge. I understand that it is my responsibility to inform the Headwaters Mission Center if this information changes. I hereby release the Headwaters Mission Center from any liability as a result of my or my child's participation in programs sponsored by the Headwaters Mission Center.

Either parents or guardian must sign. If parents are separated or divorced, the custodial parent must sign. **Only applicant must sign if 21 years of age or older. I/we have read and consent to the releases specified in this registration form

Parent/Guardian Signature/Applicant** _____ Date _____

Parent/Guardian Signature/Applicant** _____ Date _____

A Health Information and History Form must be completed for the participant to attend this event!



Children and Youth Event Health Information and History Form

Applicant's Name: _____

Event Name: _____ Event Date: _____

Parent/Legal Guardian

Emergency Contact Information

Name

Name

Home Phone - Area Code

Home Phone - Area Code

Work Phone - Area Code

Work Phone - Area Code

Cell Phone - Area Code

Cell Phone - Area Code

Are the applicant's immunizations current? Yes No - If No, please explain:

(You must attach a Photocopy of immunization record)

What is the date of your last Tetanus shot? _____

Please explain any "yes" answers.

Yes	No	Are you allergic to any foods, latex, medications, etc.? _____
Yes	No	Are you presently under a physician's care for any acute/chronic medical condition? _____
Yes	No	Are you currently taking any medication? _____
Yes	No	Do you have any physical restrictions or emotional, medical or psychological conditions that need special attention? _____
Yes	No	Have you recently been exposed to a contagious disease? _____
Yes	No	Any special diet needs? <input type="checkbox"/> Diabetic <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other _____

Family Physician: _____ Phone w/area code: _____

Medical Insurance Provider: _____ Policy #: _____

Dental Insurance Provider: _____ Policy #: _____

(Attach a Photocopy of Your Insurance Card)

Permission for Medical Treatment

I, the undersigned parent, legal guardian, next of kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment.

Parent/Guardian Signature/Applicant** _____ Date _____

Parent/Guardian Signature/Applicant** _____ Date _____

Cascade Mountain Release of Liability - Parental Permission Agreement

This form is required for all minors unaccompanied by a parent or legal guardian who are renting equipment.

NAME _____

PHONE (_____) _____ - _____

GROUP NAME _____

TRIP DATES _____

A. RELEASE OF LIABILITY:

I, THE UNDERSIGNED, IN CONSIDERATION OF THE RENTAL OF THE SKIING/SNOWBOARDING EQUIPMENT TO MY CHILD BY CASCADE MOUNTAIN, HEREBY RELEASE AND FULLY DISCHARGE CASCADE MOUNTAIN MANAGEMENT CORPORATION, CASCADE MOUNTAIN LAND HOLDINGS LLC, THEIR OWNERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY TO MY CHILD OR DAMAGE TO MY CHILD'S PROPERTY WHICH IS CAUSED IN ANY WAY BY THE NEGLIGENT ACTS OR FAILURES TO ACT OF CASCADE MOUNTAIN, CASCADE MOUNTAIN MANAGEMENT CORPORATION, CASCADE MOUNTAIN LAND HOLDINGS LLC, THEIR OWNERS, AGENTS, OR EMPLOYEES IN THE INSTALLATION, ADJUSTMENT, INSPECTION, MAINTENANCE AND/OR RENTAL OF THE EQUIPMENT AND/OR IN THE INSTRUCTIONS GIVEN OR NOT GIVEN TO MY CHILD CONCERNING THE EQUIPMENT AND ITS USE AND/OR IN ANY WAY ARISING FROM THE USE OR RENTAL OF THIS EQUIPMENT.

I accept for myself and on behalf of my child full responsibility for any and all injuries or damages of any kind which may result from the use of the ski/snowboard equipment by my child, and it is my intention to **HOLD HARMLESS** Cascade Mountain Management Corporation, Cascade Mountain Land Holdings LLC and their owners, agents and employees for any injuries sustained to my child while using the above described equipment. I further agree not to make a claim against or sue Cascade Mountain, Inc., Cascade Mountain Management Corporation, Cascade Mountain Land Holdings LLC, or Walz Family Corporation for injuries or damage relating to my child's skiing/snowboarding and/or the use of this equipment.

I have carefully read this Release of Liability and Parental Permission Agreement and fully understand its contents. This document constitutes the final and entire agreement between Cascade Mountain, Inc. and the undersigned. **I am aware that by signing this document, I am WAIVING certain legal rights of myself, my spouse, and those of my child, including the right to sue Cascade Mountain Management Corporation or Cascade Mountain Land Holdings LLC.** I am aware this Release of Liability-Parental Permission Agreement is a contract between my child, myself, my spouse, and Cascade Mountain Management Corporation, Cascade Mountain Land Holdings LLC, and I sign it of my own free will.

B. PARENTAL PERMISSION AGREEMENT:

I UNDERSTAND that my child will be renting equipment at Cascade Mountain on the above date(s) and hereby give permission for him/her to rent skiing/snowboarding equipment.

I UNDERSTAND and am aware that skiing/snowboarding involves certain inherent risks, dangers and hazards which can result in serious personal injury or death and that personal injuries and damage to property are a common and ordinary occurrence in the sport. I hereby agree to freely and expressly assume any and all risks of injury or death to my child or damage to his/her property while using the equipment while skiing/snowboarding.

I UNDERSTAND that the ski equipment being furnished forms part of a ski-boot-binding system which will NOT RELEASE at all times or under all circumstances and that it is not possible to predict every situation in which it will or will not release and that its use cannot guarantee my child's safety or freedom from injury while skiing. I further understand and agree that the ski-boot-binding system may reduce, but does NOT ELIMINATE, the risk of injury to the lower portion of my child's leg or any other parts of my child's body. I further understand that the boot-binding system will not reduce at all the risk of injury to my child's knee and that the boot-binding system will not release in the event of a backward fall.

I UNDERSTAND that the snowboard boot-binding system WILL NOT ORDINARILY RELEASE during use, nor is it specifically designed or intended to release as a result of forces during ordinary operation, and it is therefore absolutely NO GUARANTEE OF MY CHILD'S SAFETY.

I UNDERSTAND that I am responsible for any damage to the equipment while in my child's possession. This includes, but is not limited to theft or loss.

I FURTHER UNDERSTAND this equipment is not to leave Cascade Mountain property, and this agreement is for dates listed above only and the equipment is to be returned at the end of each session to avoid additional charges.

I UNDERSTAND there are NO WARRANTIES, expressed or implied, which extend beyond the description of the equipment my child rents, and that my child rents said equipment AS IS.

CAUTION!! READ BEFORE SIGNING!! THIS DOCUMENT AFFECTS YOUR AND YOUR CHILD'S LEGAL RIGHTS AND WILL BAR YOUR AND YOUR CHILD'S RIGHT TO SUE!

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

User's Signature _____ Date _____ Age _____

Street _____ City _____ State _____ Zip _____

CASCADE MOUNTAIN SNOW TUBING RELEASE OF LIABILITY



Last Name _____ First Name _____

Last Name _____ First Name _____

Family Member Names (under age 18)
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

E-mail Address (optional) _____

I accept for use, as is, the tubing equipment and accept full responsibility for its care while in my possession. I agree to hold harmless and indemnify Cascade Mountain Management Corporation, Cascade Mountain Land Holdings LLC, and their owners, agents and employees, as well as the equipment manufacturers and distributors, for all loss or damage I may cause to this equipment, except reasonable wear and tear.

I agree to hold harmless and indemnify Cascade Mountain Management Corporation, Cascade Mountain Land Holdings LLC, and their owners, agents and employees, as well as the equipment manufacturers and distributors, for any and all loss or damage I may cause to person or property while engaged in snow tube-related activities. This includes, but is not limited to, any and all claims for personal injury, death and/or property damage that may arise out of the use of the equipment, or any equipment, regardless of whether such loss or damage be caused to myself or to others.

I hereby release Cascade Mountain Management Corporation, Cascade Mountain Land Holdings LLC, and their owners, agents and employees, as well as the equipment manufacturers and distributors, from any and all liability to me or my property resulting from their own acts of negligence. I understand that Cascade Mountain Management Corporation, Cascade Mountain Land Holdings LLC, and their owners, agents and employees, as well as the equipment manufacturers and distributors, are not responsible for the consequences of their own negligence, that is, their failure to use reasonable care in any way in operation of this rental center and tubing hill, as well as the installation, maintenance, selection, adjustment and use of this rental equipment. I acknowledge that I am freely and expressly assuming and accepting any and all risks of property damages, personal injury or death as the user of this equipment. I authorize Cascade Mountain Ski Patrol to administer treatment in the event of an injury to myself or to the minor for whom I am signing.

I understand and am aware that snow tubing is a HAZARDOUS ACTIVITY. I understand that snow tubing and the use of snow tubes involves a risk of injury to any and all parts of my body. I hereby freely and expressly assume and accept responsibility for any and all risks of injury or death while participating in this activity. I understand and am aware that the snow tube furnished could be HAZARDOUS to my well being while snow tubing. I also understand and agree that it is important to my safety to pay attention while loading, riding and unloading lifts, and I agree that I will not attempt to load, ride or unload a lift unless familiar with the proper way to do so. I understand I must observe all verbal and posted warnings or instructions and I must keep off closed lanes and out of closed areas.

I understand that for a fee of \$22.00 in addition to the normal tubing price, Cascade Mountain offers an optional tubing agreement that does not require me to sign a release of liability. In signing this Release of Liability, I acknowledge I am aware of this option offered by Cascade Mountain and hereby waive my right to purchase the same. I agree that if any portion of this agreement is determined to be unenforceable by a court of law, all other parts of the agreement shall remain in full force and effect. I further agree that any claim I may bring against Cascade Mountain Management Corporation or Cascade Mountain Land Holdings LLC, shall be filed in the State of Wisconsin and I further agree that only the laws of the State of Wisconsin shall apply in the construction or application of this agreement.

I have read the above paragraphs and fully understand them. I have made no misrepresentation to Cascade Mountain Management Corporation or Cascade Mountain Land Holdings LLC, regarding my name, address, age or height. I agree that there have been no warranties, expressed or implied, which have been made to me beyond the information written on this form. I, the undersigned, acknowledge that I have read this agreement and release of liability and I understand its contents. I understand that my signature below expressly waives any rights I may have to sue Cascade Mountain Management Corporation or Cascade Mountain Land Holdings LLC for injuries and damages.

CAUTION: READ BEFORE SIGNING!

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND WILL BAR YOUR RIGHT TO SUE!

ADULT SIGNATURE _____

DATE _____

ADULT SIGNATURE _____

DATE _____

**WAIVER OF LIABILITY, RELEASE, ASSUMPTION OF RISK
& INDEMNITY AGREEMENT**

NOTE: This form should be included in the advance packet prior to registration. The completed form must be on file at camp and only those persons with a completed form shall be permitted to participate.

FOR AND IN CONSIDERATION OF THE UNDERSIGNED'S PARTICIPATION IN HIGH RISK ACTIVITIES, INCLUDING BUT NOT LIMITED TO:

- _____
- _____

SPONSORED BY THE COMMUNITY OF CHRIST, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITY, PARTICIPANT'S PARENT(S) OR LEGAL GUARDIAN(S) WAIVE, RELEASE AND RELINQUISH ANY AND ALL CLAIMS FOR LIABILITY AND CAUSE(S) OF ACTION AGAINST COMMUNITY OF CHRIST, INCLUDING PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OCCURRING TO PARTICIPANT, ARISING OUT OF PARTICIPATION, AND/OR ACTIVITIES INCIDENTAL THERETO, INCLUDING ORDINARY NEGLIGENCE, WHENEVER OR HOWEVER THEY OCCUR AND FOR SUCH PERIOD SAID ACTIVITIES MAY CONTINUE, AND BY THIS AGREEMENT ANY SUCH CLAIMS, RIGHTS, AND CAUSES OF ACTION THAT PARTICIPANT (AND PARTICIPANT'S PARENT(S) OR LEGAL GUARDIAN(S), IF APPLICABLE) MAY HAVE ARE HEREBY WAIVED, RELEASED AND RELINQUISHED, AND PARTICIPANT (AND PARENT(S)/GUARDIAN(S), IF APPLICABLE) DOES(DO) SO ON BEHALF OF MY/OUR AND PARTICIPANT'S HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.

Participant and participant's parent(s)/guardian(s) if participant is under 18 years of age, acknowledges, understands and assumes all risks arising out of the above referenced activity and related activities, and understands that participation in the activity involves risks and dangers, including but not limited to transportation to and from said activities, and drowning, bodily injury, closed head injury, concussion, partial or total disability, paralysis and death to participant's person and damages which may arise therefrom, and that I/we acknowledge said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the Releasees. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in this release.

It is the purpose of this release to exempt, waive and relieve Releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of Releasees. "Releasees" include the Community of Christ, and its officers, directors, agents, affiliates and employees.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against Releasees, he/she shall defend, indemnify and save harmless Releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

PARTICIPANT (AND PARTICIPANT'S PARENT(S)/GUARDIAN(S), IF APPLICABLE) ACKNOWLEDGE THEY HAVE BEEN PROVIDED AND HAVE READ THE ABOVE PARAGRAPHS AND HAVE NOT RELIED UPON ANY REPRESENTATIONS OF RELEASEES, THAT THEY ARE FULLY ADVISED OF THE POTENTIAL DANGERS OF THE ACTIVITIES DESCRIBED HEREINABOVE, AND UNDERSTAND THESE WAIVERS AND RELEASES ARE NECESSARY TO ALLOW THE EXISTENCE OF THE VOLUNTEER ACTIVITIES.

Participant	Parent or Guardian if under 18 years old*
_____ Signature	_____ Signature
_____ Print Name	_____ Print Name
_____ Date	_____ Date
_____ Age	

[* 19 years in Alabama, Alaska, Nebraska & Wyoming; 21 years in Pennsylvania, Puerto Rico and Mississippi]