

GREATER ROCHESTER AREA YOUTH
MINISTRY INVITES YOU TO

Friends and Family Snow Tubing

IRONWOOD CHRISTIAN SPRINGS RANCH
SUNDAY, FEBRUARY 18TH, 2018
3PM-5PM

Who: EVERYONE*

*Note: Youth in 5th grade and under should attend with a parent or another VIRTUS trained adult

Cost: \$12 per person - scholarships available

You bring: Friends, warm winter gear, your sense of adventure

We'll bring: Hot cocoa, snacks, and games for the warming house

Questions? Contact Katie Stinson at kstinson@piusx.org or your parish youth minister

Greater Rochester Area Catholic Youth Ministry

Parental/Guardian Consent/Liability Waiver

Name of Event: Family Snow Tubing **Method of Transportation:** *Meet at Ironwood
Dates & Times: Feb. 18, 2018 3-5 pm **Leader/Supervisor:** Katie Stinson & Zach Rawson
Location/Destination: Ironwood Christian Springs **Cost + Due Date:** \$12/person

**If anyone is looking for a carpool please contact Zach at zach.rawson@paxchristchurch.org*

I, _____, grant permission for _____ to participate in this parish event which requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the Greater Rochester Area Catholic Youth Ministers, and/or the Rochester Minnesota Area Catholic Churches.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Greater Rochester Area Catholic Youth Ministers, the Rochester Minnesota Area Catholic Churches, their officers, directors, employees and agents, and the Diocese of Winona, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parishes, their officers, directors and agents, and the Diocese of Winona, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the ministry organization/parish/diocese.

Student Information:

Name _____ **Sex** Male/Female
Mobile Number (optional) _____ **Text?** ☐ Yes ☐ No
Email (optional) _____ For event specific updates

Parent/Guardian Information:

Name _____ **Relationship** _____
Contact Number _____ **Text?** ☐ Yes ☐ No
Primary E-mail (optional) _____ For event specific updates

Emergency Contact Information: (in case we cannot contact you)

Name _____
Primary # _____ **Secondary #** _____

Emergency Medical Information:

___ I have filled out and turned in an Emergency Medical Form, no changes/updates are necessary
___ I need to make changes to my previously turned in Emergency Medical Form
___ I need to turn in an Emergency Medical Form (download at www.paxchristchurch.org/forms)

As a parent/guardian I agree to all the above stated considerations and conditions.

Parent/Guardian Signature _____ **Date** _____

Office use only:

___ Paid (Cash/Check# _____) ___ Accounting Spreadsheet ___ Flocknote ___ Event Participation List
___ Event Folder ___ Emergency Medical Form ___ Photo Opt-out

Updated April 4, 2016



Release of Liability Form – Activities

Ironwood Springs Christian Ranch, its officers, directors, agents, representatives, employees, volunteers, successors, and affiliates (hereinafter, "Ironwood") has granted permission for the below named person to participate in an activity at Ironwood, including, but not limited to, snow tubing, zip lining, challenge course, bouldering, archery, and wagon/sleigh rides. As an adult or the parent or legal guardian having control or custody of this person, I hereby grant permission for this person's alleged participation and I consent to the following:

- (1) On behalf of myself, my heirs, executors, administrators and assigns, I do hereby acknowledge that activities at Ironwood are voluntary and involve inherent risks, dangers and hazards to myself, other participants and non-participants. I acknowledge that Ironwood does not provide medical or liability insurance.
- (2) I agree to hold harmless, indemnify and defend Ironwood from any and all liability for injury or damage including, but not limited to, bodily injury, personal injury, emotional injury, property damage, or death, which may result from any person using Ironwood facilities, its premises, its entrances and exits, and surrounding areas, regardless of whether said incident results from the negligence of Ironwood or otherwise.
- (3) I grant Ironwood permission to use comments, photographs, and/or video images of this person for the purpose of marketing, publicizing and promoting. I waive any right to be compensated for the use of the participant's comments and/or image and release Ironwood from liability for any claims.
- (4) I represent that I am an adult or I am the parent or legal guardian of the below named person, that I am at least eighteen years of age, and that I am under no mental or legal disability which would prevent me from signing and executing this Release of Liability. I further represent that I have read, understand, and agree to the stated terms and conditions.

Participant Name	Participant Signature (parent/guardian if under 18)	Email Address (to be on Ironwood's mailing list)	Date
_____	_____	_____	_____
_____	_____	_____	_____
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