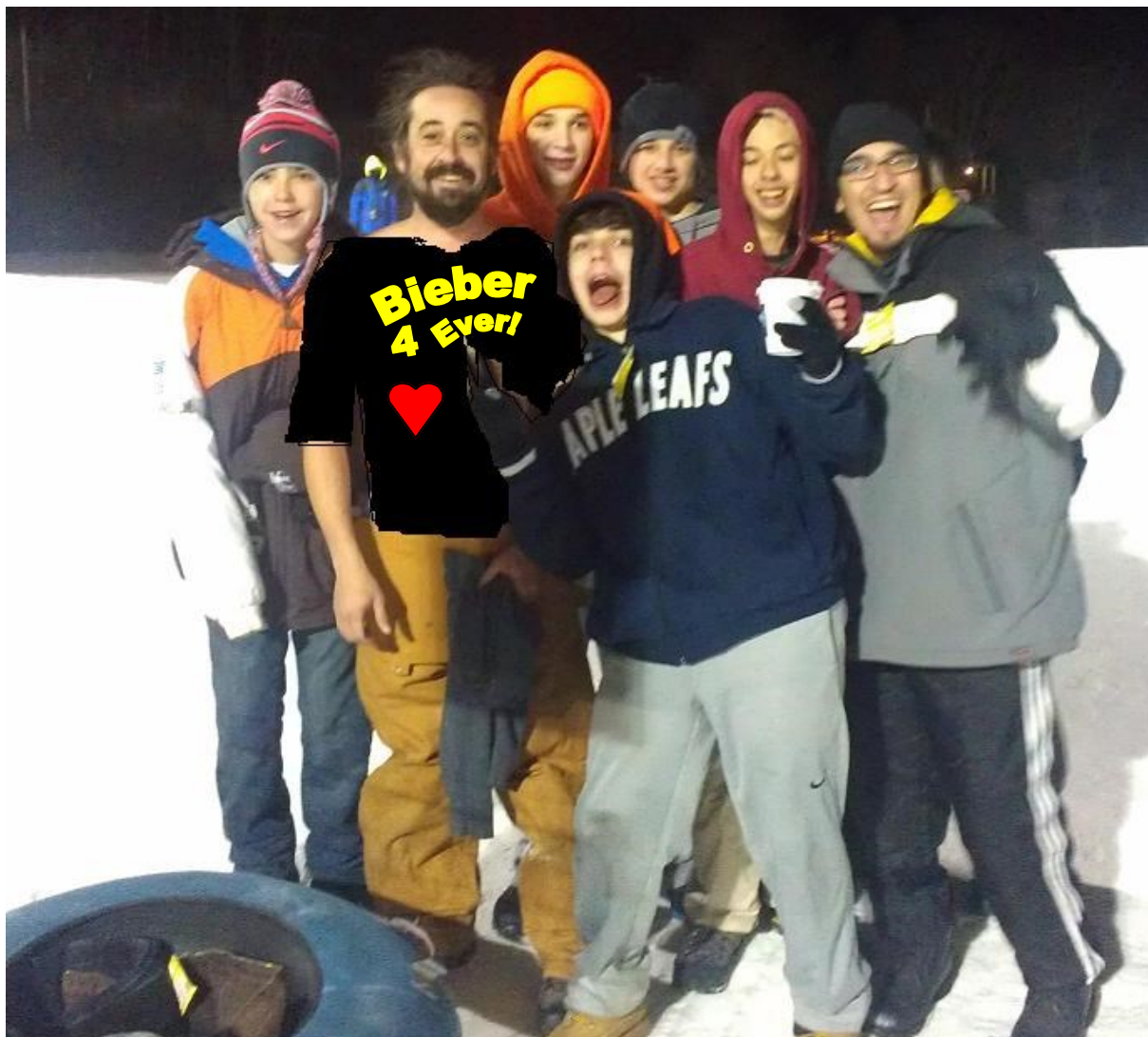


We're Going TUBING!!!! **At Snow Trails!**



Please sign all permission slips and make any checks payable to :

St. Joan of Arc Youth Ministry. The cost is \$30.00 per teen.

The trip is this Friday Feb. 7th 2014.

We leave SJOA at 4:30 and will be home around 11:30 pm or midnight.

Please contact Michael A. Barone at 614-285-2741 if you have any questions!

Snowtrails Form



VERTICAL DESCENT TUBING PARK

SNOW TRAILS SNOW TUBING

RISK DISCLOSURE ACKNOWLEDGEMENT AND RELEASE

On behalf of myself, my heirs, executors, administrators and assigns, in consideration of the license to participate in the activity of “snowtubing” granted to me by Ohio Ski Slopes, Inc., doing business as “Snow Trails,” I do hereby acknowledge that it has been disclosed to me that snowtubing is a voluntary recreational activity which **involves inherent risks, dangers and hazards** to myself, other participants and non-participants, including, but not limited to, collisions with other participants, non-participants and objects; that snowtubing **is a dangerous recreational sport** which presents **the risk of serious bodily injury or death**; that all participants in snowtubing, including myself, are subject to the provisions and definitions of Section 4169.01 of the Ohio Revised Code and that I knowingly and voluntarily assume and acknowledge the risks and liabilities set forth in Sections 4169.08 and 4169.09 of the Ohio Revised Code.

I further acknowledge and understand that I am accepting **“AS IS”** the snowtube and any other equipment involved or provided to me in connection with snowtubing, and further acknowledge that **NO WARRANTIES** are being extended to me with respect to any aspect of the snowtubing facilities or equipment.

I further agree that, in the event that my participation in snowtubing should result in bodily injury or death to myself or any other person, I will not sue and do hereby release, acquit and discharge Ohio Ski Slopes, Inc., doing business as Snow Trails, together with its agents, employees, officers, shareholders, directors, successors and/or assigns, of and from any and all claims, damages, costs, liabilities or suits of any kind or nature whatsoever.

I have read and understand the foregoing Snow Trails Snowtubing Risk Disclosure Acknowledgement and Release and agree to be bound thereby. I further understand and agree that if I am signing this instrument as a parent or guardian on behalf of a minor child, I am binding said child to the terms hereof.

SIGNATURE _____ PRINT NAME _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

(if participant is under 18 years of age)

ADDRESS _____ CITY _____ ZIP _____

SIGNATURE OF OTHER PARTICIPANTS SIGNATURE OF PARENT OR GUARDIAN DATE

IF PARTICIPANT IS UNDER 18

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

St. Joan of Arc True~Life Tubing Permission slip

Feb 7th 2014

TRUE~LIFE TUBING AT SNOWTRAILS STUDENT PERMISSION FORM

Event: Tubing At SnowTrails

Please print clearly. Return completed and signed form to your Youth Minister or Adult Leader.

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip : _____

Phone: _____

Male: _____ Female: _____

Parish/School Group Name: _____

Name of Youth Minister: _____

EMERGENCY CONTACT INFORMATION

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical Conditions: _____

Medical Insurance: _____ Policy Number: _____

Address: _____ Phone Number: _____

Member Name: _____ Phone Number: _____

Family Doctor: _____ Phone Number: _____

Parents' Consent for Release of Personally Identifiable Information

The undersigned parents of _____, (Minor's Full Name)

hereby consent to the release of photographs and name of the minor to be used by the Office of Youth and Young Adult Ministry for future promotional programs of the Diocese of Columbus. If you have any questions or concerns, please contact Sean Robinson at (614)241-2565.

CODE OF BEHAVIOR

1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by adult leader, parent or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. Violence or harassment of any kind will not be tolerated.
5. Participants must heed any and all directions of activity staff.
6. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participant involved and the participant's parents/legal guardians.
7. All adults will have cell phones for emergencies.
8. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians to transport offending participants from the premises. Parties shall immediately comply with this request.

WE HAVE READ, UNDERSTAND, AND AGREE TO ALL CONTAINED IN THIS AGREEMENT

Participant Signature: _____ Date: _____