

Ski Trip Registration and Waiver  
January 14, 2018

Where: Chestnut Mountain Resort  
8700 W. Chestnut Mountain Rd.  
Galena, IL 61036  
800.397.1320

Who: New Life UMC and Evans UMC

Depart: From Evans UMC at 10:30 a.m.      Return: To Evans UMC by 9 p.m.

Instructions:

1. Please fill out your contact information and the ski package you would like to purchase.
2. Minors will require permission from a parent or guardian.
3. We will need some volunteers to serve as chaperones. Please indicate if you are willing to join us, even if you choose not to ski/snowboard.
4. Make checks payable to New Life UMC with "Ski Trip" in the memo line and **submit payment with your registration form no later than Sunday, January 7<sup>th</sup>.**

| <b>Package</b>   | <b>Weekend &amp; Holiday</b> | <b>Weekday</b>      | <b>Night<br/>(4pm to Close)</b> |
|--|------------------------------|---------------------|---------------------------------|
| <b>A</b> Lift, Ski or Board Rental & Free Group Lesson | \$65 (15-50 people)          | \$48 (15-50 people) | \$45 (15-50 people)             |
| <b>B</b> Lift & Lesson                                 | \$46 (15-50 people)          | \$35 (15-50 people) | \$33 (15-50 people)             |
| <b>C</b> Lift Only                                     | \$40 (15-50 people)          | \$30 (15-50 people) | \$25 (15-50 people)             |
| <b>D</b> Helmet Rental                                 | \$6 (per person, per day)    |                     |                                 |

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Female Male

Name of Parent or Guardian if a minor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical issues: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Circle your choices:    A \$65            B \$46            C \$40            D \$6            E Chaperone

Total: \$ \_\_\_\_\_

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Waiver

I/We, \_\_\_\_\_, hereby waive and release New Life United Methodist Church (hereafter referred to New Life UMC) and Evans United Methodist Church (hereafter referred to Evans UMC) and their officers, agents, representatives and employees, and any other business or person connected with this trip such as lodging, transportation, chaperone, trip leader or otherwise, their respective heirs, personal representatives, successors and assigns from any and all claims for injuries or damages or otherwise, which may arise for any reason whatsoever as a result of my participation in the New Life UMC and Evans UMC ski trip.

I acknowledge that I am solely responsible for the condition of my own personal well-being and health, transportation, ski/snowboard equipment, baggage, and personal effects. In the event of storm, inclement weather, acts of God, vehicle malfunction or breakdown, strikes, work stoppages, or other causes of events beyond the control of New Life UMC and Evans UMC, I shall be responsible and pay for all costs, charges and expenses arising out of, but not limited to, ski areas, equipment rentals, and any other miscellaneous charges.

I know that bare spots, variation in snow, stumps, forest growth, debris, rocks, and many other hazards or obstacles, marked or unmarked, exist within any ski area. I assume the dangers involved and waive New Life UMC and Evans UMC of any liability whatsoever for the conditions of the ski area.

All participants on this trip must be paid in full, have completed waiver and, registrations.

I acknowledge that skiing/snowboarding is a dangerous sport that can result in injury or death. New Life UMC and Evans UMC recommend the use of safety equipment at all times. This includes, but is not limited to, helmets, goggles and proper skis/snowboards and approved binding settings. Failure to use any recommended safety equipment is at my discretion. I, and my heirs, agree to indemnify and hold harmless New Life UMC and Evans UMC in the event of any accidental injury, or death, as a result of my failure to use proper safety equipment.

I/We also assume full responsibilities for the following dependents:

Names of Dependents (under age 21)

X \_\_\_\_\_ X \_\_\_\_\_ (Ages) \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_ (Ages) \_\_\_\_\_

I/We have read the above information and agree to the Waiver Form conditions stated.

Signature(s)

X \_\_\_\_\_ X \_\_\_\_\_

Date \_\_\_\_\_