

5TH – 12TH GRADERS
(Friends are welcome!)

SKI TRIP

ANDES TOWER HILLS



Monday, February 17, 2020
(President's Day)

Bus leaving Holy Cross Catholic Church @ 8:00 a.m.
Bus returns to Holy Cross Catholic Church @ 8:00 p.m.

Address: 2711 7th Str. East, West Fargo

Cost: \$65

Package includes lift ticket, ski rental, helmet and transportation

Snowboard = extra \$10.00

Got your own equipment? - Great, the cost is only \$55

REGISTRATION DEADLINE IS WEDNESDAY, FEBRUARY 5, 2020

Registration Form & Liability Release Form
RELEASE OF ALL CLAIMS

The undersigned do hereby release, forever discharge and agree to hold harmless **Holy Cross Catholic Church** from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death, or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is under 18, 18 or older).

The undersigned further agree to indemnify **Holy Cross Catholic Church** and its respective members, directors, employees, and agents (collectively, the “indemnities”.) harmless and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses sustained by the Indemnities as the result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is under 18, 18 or older).

If participant is under 18 years of age, I (we) the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in the Ski Trip and hereby give permission to **Holy Cross Catholic Church** to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

The form below MUST be completed for EVERY participant. If participant is under 18, parent or legal guardian must sign.

Participant’s Name (Please Print) _____

Do you plan to: _____ SKI _____ SNOWBOARD

Mailing Address _____

Contact Email: _____ Cell # _____ Wk. # _____

Parent/Legal Guardian’s Name (Please Print) _____

Parent’s/Legal Guardian Signature _____ Date _____

Current Medications _____

Allergies or Other Medical Concerns _____

Insurance Company _____ Policy# _____

Complete this form and return it to Brenda in the Holy Cross’s office with payment by Wednesday, February 5th. Checks can be written to **Holy Cross Catholic Church.**