

TO BE COMPLETED BY ALL PARTICIPANTS

PERSONAL INFO FOR ALL PARTICIPANTS

WINTER RETREAT

Name :: _____

Address :: _____ Gender :: MALE FEMALE

City :: _____ State :: _____ Zip :: _____

Age :: _____ Date of Birth :: _____ Adult :: _____ Student :: _____

Phone :: _____ Alt. Phone :: _____

FOR YOUTH PARTICIPANTS ONLY

Parent/Guardian Name :: _____

Phone :: _____ Alt. Phone :: _____

EMERGENCY CONTACT FOR ALL PARTICIPANTS

Name :: _____ Phone :: _____

Alt Phone :: _____ Relationship :: _____

STUDENTS STATEMENT OF UNDERSTANDING

I understand that the following items and activities are prohibited during the NWIN NYI Winter Retreat 2012 and will result in the immediate dismissal from the event without refund at the cost of my parents/legal guardians.

- | | |
|-------------|--|
| Alcohol | Fireworks |
| Tobacco | Fighting |
| Drugs | Going into the opposite sex's facilities |
| Pornography | Inappropriate attire |
| Weapons | Inappropriate displays of affection |

Student's Signature

Date

Parent's Signature

Date

PARTICIPATION AGREEMENT
MEDICAL AND CIVIL LIABILITY RELEASE

EACH PARTICIPANT MUST COMPLETE THE RELEASE FORM

MEDICAL HISTORY

WINTER RETREAT

List any medical problems ::

Allergies ::

Past Surgeries ::

Names of medications and dosage you will be taking ::

List any medications you are allergic to ::

INSURANCE INFORMATION

Name of health insurance company ::

Policy # :: _____ Phone :: _____

Name of responsible party ::

Phone :: _____ Alt. Phone :: _____

Doctor's name :: _____ Phone :: _____

WINTER RETREAT

I _____, the legal guardian of _____
(Parent/Guardian) (Student's Name)

or, I, an adult participant _____ do hereby give permission to the leadership and staff of NWIN NYI Church of the Nazarene and/or its representatives to care for the administration of general first aid treatment and emergency treatment such as x-rays, medical, surgical, or dental for injuries received to teen or adult participant during the event. I hereby give permission to the leadership of NWIN NYI Church of the Nazarene and/or its representatives to summon any and all professional emergency personal to attend, transport and treat my teen or adult participant. I agree to pay any cost to a transport company, hospital, or doctor, that this action may incur. I also understand that this event will require my teen to make choices and to keep a schedule, and that they may not be under direct adult supervision at all times. Furthermore, I understand that there is a certain amount of risk in attending any teen event and my teen has permission to attend this Winter Retreat. Furthermore, the use of tobacco, alcohol, or other drug will not be permitted. Use or possession of these items will result in dismissal from the event. I agree to release and hold harmless any and all staff and representatives of NWIN NYI Church of the Nazarene from all claims, suits, costs, and actions of any kind whatsoever arising from their exercise of the power granted by this authorization, unless due to verifiable negligence.

To whom it may concern::

The undersigned hereby give permission to any hospital, medical facility, and doctor to give out any and all medical/condition information (for teen/adult participant) to the NWIN NYI Church of the Nazarene and its representatives.

Parent/Guardian or Adult Participant :: _____ Date :: _____

This release is in effect :: January 20 (Friday) to January 22 (Sunday), 2012

IF THERE IS NO INSURANCE INFORMATION LISTED
THIS FORM MUST BE COMPLETED.

WINTER RETREAT

As _____ (name of minor) ("Student") is not covered by any type of health insurance policy or program, I _____ (name of parent or guardian), on behalf of Student, hereby guaranty payment for any fees, expenses or costs related to the medical treatment of Student in connection with Student's participation in the Winter Retreat 2012. I understand and acknowledge that I may be asked to provide further guarantees of payment to health care professionals and institutions which provide medical treatment to Student.

I also acknowledge that neither General Board Church of the Nazarene nor Nazarene Youth International is responsible for the cost of Student's medical treatment and I shall indemnify, defend and hold harmless General Board Church of the Nazarene, Nazarene Youth International, their respective officers, directors, employees, or agents, from and against any and all claims which may be made as a result of my failure to provide payment for Student's medical treatment.

Signature _____

Date _____

Relationship to Student _____

The following section must be completed by a Notary Public

Before me, a Notary Public, in and for said County and State, this _____ day of _____, 20____, personally appeared before me and acknowledged execution of the foregoing.

IN WITNESS WHEREOF, I have hereunto set my hand and Notary Seal.

STATE OF _____

COUNTY OF _____

Notary Public Signature _____

Commission expiration date _____

Notary seal:

This form for SKIing / snowboarding only.



Minor Rental Release Form

I hereby release Ski Enterprises of Wisconsin, Inc. and its employees from any liability for damage to any persons or property resulting from the use of ANY equipment rented during the 2011-2012 ski season.

I understand the bindings furnished are the release type designed to reduce the risk of injuries from falling, and these bindings will not release under all circumstances and are no guarantee for my safety.

I understand that the ski binding is pre-adjusted to a specific weight and that I must give Devil's Head my correct weight and ability so that the proper binding selection can be made.

I WILL NOT adjust any binding, ski or snowboard, on my own. If difficulty occurs, I will return to the rental building for assistance. I agree to reimburse the ski shop for loss of any equipment and for breakage.

Signed _____

Date _____

I consent for _____ to ski and agree, as Guardian, to the above conditions for said minor.

Guardian _____
**Parent or legal guardian must sign for any child under 18 years of age.

Group Name _____

Please Note: For any individual who will be skiing more than once during the season, this form will need to be signed only once and will be kept on file at Devil's Head.

S6630 Bluff Road – Merrimac, WI. 53561

(608) 493-2251

1-800-472-6670

Fax (608)493-2176

www.devilsheadresort.com

This Form for Water Park Only.

Wave Loch "FlowRider®" Disclosure Statement & Application to Ride		
Last Name	First Name	Middle Initial
Street Address		Group Name (if none leave blank)
City	State	Zip Code
Email Address (optional)		
<input type="checkbox"/> Please keep me informed of Flowrider events and Kalahari specials through occasional E-mails. Email addresses will not be sold or shared with any other organizations.		
Guest Room Number	Emergency Contact Name	Emergency Phone Number

The Wave Loch FlowRider is a very aggressive white water attraction. You may unavoidably achieve body positions that result in personal injury during your participation in WAVE LOCH® Operations. The tricks, stunts, or body positions that you may attempt (or inadvertently achieve) will be based upon your real or perceived physical abilities and skill level. There is a risk of self infliction injury or injury caused by others that can result from such tricks, stunts, or body positions which exceed your skill level (and which may occur irrespective of your skill level). For instance, you may sustain injury as a result of striking surrounding ride elements, e.g. ride bottom, entry slide, ride vehicles, containment walls, entering/exiting riders, ride attendants, or other ride components. In addition, since the attraction and its ride vehicles (flowboards/bodyboards) may contain fiberglass, plastic, wood, metal or other hard and potentially dangerous materials, contact with them may also cause injury. Such ride vehicles may also have food straps and board-to-body attachments that may cause injury. Furthermore, riding may result in the flow of water picking you up and pitching you head over heels into a fiberglass sub-surface that is covered by one inch of foam or inch of vinyl tube matting. After this initial dump you may subsequently collide into a padded retaining wall that lies directly in the path of water flow. This is risky. And although many before you have ridden unscathed, severe injury is possible.

BY SIGNING BELOW YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTOOD THAT THE FOREGOING RISKS ARE AMONG THE RISKS YOU WILL BE EXPOSED TO WHEN RIDING THE FLOWRIDER.

Dated: _____ Participant Signature: _____

Dated: _____ Legal Guardian Signature: _____
 (Required if Participant is under 18 years of age)