



Consent, Waiver and Release from Liability for the Giants Ridge Ski Trip, Jan 27-29 2012



Youth Name (please print): _____ Phone Number : _____

Parent/Guardian Name(s) (please print): _____

The First Lutheran Church Giants Ridge Ski Trip involves participation in skiing and/or snowboarding, boarding and un-boarding ski lifts, travel by bus to various locations, swimming, etc.

By signing this Consent, Waiver and Release from Liability (the "Consent"), I confirm that the Giants Ridge Ski Trip has been explained to me and I am aware of the risks involved in participation in the Giants Ridge Ski Trip. Further, I understand that participation in the Giants Ridge Ski Trip involves known and unknown risks, including, but not limited to, a significant risk of personal injury, death or disability. Some of the known risks include, but are not limited to, injury, death or disability resulting from physical exertion, inclement weather, risks of nature, equipment failure, and being transported to and from all locations of the Giants Ridge Ski Trip, including but not limited to Giants Ridge in Biwabik, MN, YMCA in Virginia, MN, etc.

I have considered the known and unknown risks described herein and my physical condition and I hereby (1) confirm that I am physically able to participate in the Giants Ridge Ski Trip, (2) confirm that I understand such risks, and (3) assume full responsibility for any harm whatsoever that may result to me from such risks. I, individually, and on behalf of my heirs, successors, assigns and representatives, hereby release, acquit and forever discharge First Lutheran Church, the organizers of the Giants Ridge Ski Trip, and all chaperones, leaders, volunteers, donors, sponsors, drivers, officers, agents, entities, employees, directors, agents, subcontractors and any facilities (individually, "Released Party," collectively, the "Released Parties") from any and all liability whatsoever, from any claim of any kind, and for any and all damages, losses or injuries (including death) that I sustain to my person, property or both, including but not limited to, any claims, damages, actions, causes of action, judgments, damages, expenses and costs, including attorneys fees, which arise out of, result from, occur during, or are connected in any manner with the Giants Ridge Ski Trip or my participation in the Giants Ridge Ski Trip whether caused by the negligence of the Released Parties or otherwise. Further, I, individually, and on behalf of my heirs, successors, assigns and representatives, hereby agree to indemnify, defend and hold harmless the Released Parties from any and all liability whatsoever, from any claim of any kind, and for any and all damages, losses, or expenses, including attorneys fees incurred by any Released Party as a result of any claim, demand, action, cause of action, damages, judgment, cost or expense, that arise out of, occur during, or are in any way connected with the Giants Ridge Ski Trip or my participation in the Giants Ridge Ski Trip.

I understand that I may be terminated from the Giants Ridge Ski Trip for inappropriate or offensive behavior, as determined in the sole and absolute discretion of the leader of the Giants Ridge Ski Trip, Paul Blom.

I consent to medical care if deemed necessary or desirable as a result of participation in the Giants Ridge Ski Trip. I acknowledge and agree that I have been advised to obtain health insurance and that if I have not obtained such insurance, I have done so at my own risk. All medical expenses incurred will be my sole responsibility.

I hereby confirm that I understand this Consent and the terms and conditions contained herein, agree to the terms and conditions contained herein, and agree and consent to my participation in the Giants Ridge Ski Trip. I hereby further agree that this Consent shall be binding upon all of my heirs, successor, assigns and Personal Representatives.

Signature of Participant : _____ Date : _____

I hereby agree, as a legal guardian to the Participant, to this Consent and the terms and conditions contained herein with respect to the Participant, myself and all terms and conditions contained herein that require my consent in order to be legally binding.

Parent/Guardian Signature : _____ Date : _____

Authorization to Consent to Treatment of a Minor regarding the Giants Ridge Ski Trip, Jan 27-29 2012

I, the undersigned parent or guardian of (please print) _____, a minor, understand that every effort will be made to contact me if my child needs emergency medical or dental treatment. However, if medical or dental treatment is necessary and I am not attainable, I do hereby authorize First Lutheran Church of Fargo, North Dakota or any of its Counselors, Pastors or representatives, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I understand that my insurance has primary coverage and First Lutheran Church's insurance is secondary.

Parent/Guardian Signature : _____ Date : _____