

## Haverford Middle School Ski & Snowboard Club Checklist

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Signed Permission Slip

Payment (Cash or Check)

Make Check Payable to "The School District of Haverford Township"

\$65-Lift Ticket, Ski & Board Equipment Rental, Lesson, Transportation

\$75-Lift Ticket, Ski & Board Equipment Rental, Lesson, Transportation, Helmet

\*No Refunds

\*No other package options available

Group Rental Form

\*ALL students MUST complete

Helmet Rental Form

\*Only complete and return if you are renting a helmet

Place Student Name & "Ski & Snowboard Forms" on Envelope

\*Deliver to the 8<sup>th</sup> Grade office (Attention: Mr. Murphy)

**6th Grade Forms DUE by February 1st, 2019**



**Field Trip Permission Form**

- I, \_\_\_\_\_ hereby give \_\_\_\_\_  
(Parent/Guardian name) (Student Name)  
 permission to attend the field trip to: **Big Boulder Ski Resort, Blakeslee PA**  
(Location of Trip)  
 on **February 15<sup>th</sup>, 2019** during the hours of **12:00pm to 9:30 pm.**  
(Date of Trip) (Time of Trip)
- a. Cost of trip per student **\$65.00**  
\*Round Trip Transportation, Lift Ticket, Lesson, Rental
- b. Cost of helmet rental (Optional) **\$10.00**

**\*Make all checks payable to The School District of Haverford Township**  
**Payment is Due by Friday, February 1st. Submit to the 8<sup>th</sup> Grade office (Mr. Murphy).**

- II. Please list a local emergency contact where someone may be reached during the field trip in the event of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_  
Alternate contact \_\_\_\_\_ Phone # \_\_\_\_\_

- III. In case of an emergency, when neither parent(s) nor emergency contact can be reached, I give school authorities permission to call a physician, or take whatever action is deemed necessary, including transporting my child to a local hospital at my expense.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

- IV. Please list below any **medical concerns** and/or **medications** that need to be administered during the field trip. **Any medication to be administered during the trip requires doctor's orders, and written parent permission to be on file with the school nurse and the medication provided in its original container.**

\_\_\_\_\_

\_\_\_\_\_ My child **WILL NOT** require medication on this field trip.

\_\_\_\_\_ My child **WILL** require medication on this field. Please check one option below:

\_\_\_\_\_ I request that my child be permitted to self administer his or her own medications under adult supervision as prescribed during this field trip. I acknowledge that the school entity or employee bears no responsibility for the benefits and consequences of the prescribed medication when it is parent authorized. Procedures for self administration are provided on the back of this document.

\_\_\_\_\_ I do not give permission for my child to self administer medication.

Signature for self administration \_\_\_\_\_ Date \_\_\_\_\_

## **Self-administration of Medication by Students**

Students may self-administer medication on field trips subject to the following conditions:

1. The medication (including prescription and non-prescription medication) will be held by school staff for self-administration.
2. All medication (including prescription and non-prescription medication) will be kept in a properly labeled container. Non-prescription medication will also be clearly labeled with the student's name.
3. Emergency self-administration is permitted when specifically authorized by the student's physician and need not take place in the presence of a designated adult.
4. All non-emergency self-administration shall take place in the presence of the nurse or when the student is out of the building during a school sponsored activity, adult designated by the principal. The principal shall designate in writing the person(s) responsible for supervising self-administration of medication and keeping the prescription log when not done in the presence of the nurse.
5. The school nurse shall orient the person(s) designated by the principal to supervise the self-administration of medication. This orientation will include:
  - a. The regulations regarding self-administration.
  - b. A review of specific medications which are to be self-administered including side effects.
  - c. A detailed explanation of the task expectation.
6. School staff will observe the student's self-administration of medication. If the student is unable to meet the following criteria, a parent or guardian will be contacted prior to permission being given for self-administration except in the event of a medical emergency.
7. The self-administration is otherwise in conformance with the District's medication policy.
  - a. To self-administer medication, the student must be able, to the satisfaction of the school nurse, to:
    1. Respond to and visually recognize his/her name.
    2. Identify his/her medication.
    3. Measure, pour and administer the prescribed dosage.
    4. Sign his/her medication sheet to acknowledge having taken the medication.
    5. Demonstrate a cooperative attitude in all aspects of self-administration.

**NO CHILD IN GRADES K-2 WILL BE PERMITTED TO SELF-ADMINISTER MEDICATION.**

SDHT 8/09



# GROUP RENTAL

FILL IN SHADED AREA:

DATE:		GROUP NAME:	
LAST NAME:		FIRST NAME:	
HEIGHT:	WEIGHT:	AGE:	SKIER TYPE <b>1 / 2 / 3</b> (circle one)

SNOWBOARD STANCE: (circle one) Dominant Foot in the Rear	REGULAR (left foot forward)	GOOFY (right foot forward)
---	--------------------------------	-------------------------------

## SKI & SNOW BOARD RENTAL & LIABILITY RELEASE AGREEMENT

I AGREE TO RELEASE AND NOT SUE JACK FROST MOUNTAIN SKI AREA, BIG BOULDER SKI AREA, BIG BOULDER PARK, JFBB SKI AREAS, INC., PEAK RESORTS, INC., THEIR RENTAL SHOPS, EMPLOYEES, OWNERS, AFFILIATES, AGENTS, OFFICERS, DIRECTORS, AND THE MANUFACTURERS AND DISTRIBUTORS OF THIS EQUIPMENT (COLLECTIVELY "PROVIDERS"), FROM ANY AND ALL LIABILITY FOR INJURY, DEATH, PROPERTY LOSS AND DAMAGE WHICH RESULTS FROM THE EQUIPMENT USER'S PARTICIPATION IN THE SPORT OF SKIING, THE USE OF ANY OF PROVIDERS' FACILITIES OR IS IN ANY WAY RELATED TO THE USE OF THIS EQUIPMENT, EVEN IF I CONTEND THAT SUCH INJURIES ARE THE RESULT OF NEGLIGENCE, INCLUDING GROSS NEGLIGENCE, OR ANY OTHER IMPROPER CONDUCT FOR WHICH A RELEASE IS NOT CONTRARY TO PUBLIC POLICY, ON THE PART OF PROVIDERS. I further agree to defend and indemnify PROVIDERS for any loss or damage, including any that results from claims or lawsuits for personal injury, death, and property loss and damage related in any way to the participation in the sport of skiing, use of providers facilities or the use of this equipment, even if I contend that such injuries are the result of negligence, including gross negligence, or any other improper conduct for which a release is not contrary to public policy on the part of PROVIDERS. In the event that I am signing on behalf of any minors... that I have full authority to do so... realizing its binding effect on them as well as myself I understand that there are inherent and other risks in the sports of skiing, snowboarding, and other snowsliding activities (herein referred to collectively as "sking" or "skier"), including the use of lifts. These risks include, but are not limited to, variations in snow, steepness and terrain, trail side drop-offs, ice and icy conditions, moguls, rocks, trees, and other forms of forest growth or debris (above or below the surface), bare spots, lift towers, utility lines, poles and guy wires, snowmaking equipment and component parts, trail fences and control nets, and the absence of such fences and nets, Terrain Park features and elements (such as halfpipe, jumps, rails, rollers, hits, etc.), and other forms of natural or manmade obstacles on and/or off designated trails, as well as collisions with on snow vehicles such as snowmobiles and groomers, equipment, obstacles or other skiers. Trail fences are located along the side of some but not all of our trails; such fences are not designed to protect you from injury if you run into them or go through, over or under them. Trail conditions vary constantly because of weather changes and skier use. I understand that all of the inherent and other risks of skiing present the risk of injury, that skiing is a DANGEROUS, risk sport, and that injuries can be serious and even fatal. I HEREBY ACKNOWLEDGE, ACCEPT, AND ASSUME THESE RISKS AND ALL OTHER RISKS THAT CAN AND DO EXIST WHILE PARTICIPATING IN THE SPORT OF SKIING AND WHILE ENGAGED IN ANY SUCH ACTIVITY AT JFBB.

Notwithstanding the foregoing, if I sue PROVIDERS, I agree that I will only sue them, whether it be on my own behalf or on behalf of a family member, in the Court of Common Pleas of Carbon County or in the United States District Court for the Middle District of Pennsylvania and further agree that any and all disputes which might arise between PROVIDERS and myself shall be litigated exclusively in one of said Courts. I understand and agree that this Agreement is governed by the laws of Pennsylvania. I further agree that if any part of this Agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I accept for use AS IS the equipment listed on this form, and accept full financial responsibility for the care of the equipment while it is in my possession. I will be responsible for the replacement at full value of any equipment rented under this form. I understand that the binding system cannot guarantee the user's safety. In snowboarding, the binding system will not ordinarily release during use. These bindings are not designed to release as a result of forces generated during ordinary operation. If I fail to return the equipment when I am finished with it or it is damaged beyond repair, I agree to reimburse PROVIDERS for the replacement value.

User Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

	Boot ID#	SKI/SNOWBOARD ID#	SKI DIN SET	Tech Initials
Equipment 1				
Equipment 2				



# HELMET RENTAL FORM

DATE:	AGE:
LAST NAME:	FIRST NAME:

HELMET:	TECHNICIAN'S SIGNATURE:
---------	-------------------------

I understand how this equipment works and have received proper instruction and satisfactory answers to any questions. I agree to report any accidents, injuries, or damage involving this equipment to the shop immediately, and if at any time this equipment does not seem to be working properly, I will stop using it and return it for inspection and possible corrective action. If this equipment is to be used by someone other than me, I certify that I am acting as agent, parent or legal guardian for the ultimate user and that I will provide this form and all other warnings and information to the ultimate user. I have read, understood and agreed to all terms and conditions on the reverse side of this form.

I accept full financial responsibility for the equipment listed on the form and promise to return it clean and undamaged by the agreed time and date. If I fail to do so, I agree to pay for its repair, cleaning or replacement at the full retail rate, as determined by the shop, as well as for the rental value of any additional days.

**WARNING, LIABILITY RELEASE, IDEMNITY AGREEMENT AND ASSUMPTION OF RISK AGREEMENT  
PLEASE READ CAREFULLY**

**I UNDERSTAND AND AGREE THAT SKIING, SNOWBOARDING, SKIBOARDING AND RELATED ACTIVITIES ARE HAZARDOUS AND THAT INJURIES ARE COMMON AND ORDINARY OCCURRENCES DURING THESE ACTIVITIES. I AGREE TO ASSUME ALL RISKS OF INJURY OR DEATH WHICH MAY RESULT FROM THESE ACTIVITIES.**

**TO THE FULLEST EXTENT ALLOWED BY LAW, I AGREE THAT I WILL NOT SUE AND WILL RELEASE JACK FROST MOUNTAIN SKI AREA, BIG BOULDER SKI AREA, BIG BOULDER PARK, JFBB SKI AREAS, INC., PEAK RESORTS, INC., ALL MANUFACTURERS AND DISTRIBUTORS OF THIS EQUIPMENT, AND ALL OF THEIR AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, OWNERS AND AFFILIATED COMPANIES ("RELEASED PARTIES"), FROM ANY AND ALL RESPONSIBILITY OR LEGAL LIABILITY FOR ANY INJURIES, DAMAGES OR DEATH TO ANY USER OF ANY EQUIPMENT LISTED ON THIS FORM, EVEN IF I CONTEND THAT SUCH INJURIES ARE THE RESULT OF NEGLIGENCE, INCLUDING GROSS NEGLIGENCE, OR ANY OTHER IMPROPER CONDUCT FOR WHICH A RELEASE IS NOT CONTRARY TO PUBLIC POLICY, ON THE PART OF THE RELEASED PARTIES. I FURTHER AGREE THAT I WILL NEVER SUE THE RELEASED PARTIES, AND THAT I WILL DEFEND AND INDEMNIFY THE RELEASED PARTIES IF ANY CLAIM OR ACTION IS PURSUED FOR ANY INJURIES, DAMAGES OR DEATH RELATING TO SKIING, SNOWBOARDING, SKIBOARDING OR ANY RELATED ACTIVITIES INVOLVING THE USE OF THIS EQUIPMENT. EVEN IF I CONTEND THAT SUCH INJURIES ARE THE RESULT OF NEGLIGENCE, INCLUDING GROSS NEGLIGENCE, OR ANY OTHER IMPROPER CONDUCT FOR WHICH A RELEASE IS NOT CONTRARY TO PUBLIC POLICY, ON THE PART OF THE RELEASED PARTIES.**

Notwithstanding the foregoing, if I sue THE RELEASED PARTIES, I agree that I will only sue them, whether it be on my own behalf or on behalf of a family member, in the Court of Common Pleas of Carbon County or in the United States District Court for the Middle District of Pennsylvania and further agree that any and all disputes which might arise between THE RELEASED PARTIES and myself shall be litigated exclusively in one of said Courts. I understand and agree that this Agreement is governed by the laws of Pennsylvania. I further agree that if any part of this Agreement is determined to be unenforceable, all other parts shall be given full force and effect. PLEASE INITIAL

If a HELMET is being furnished, I understand that no headgear can protect against all foreseeable impacts, that skiing and snowboarding can expose the user to forces which exceed the limits of protection offered by this helmet, that helmets do not guard against injury to the neck, spine, face or any other part of the body, and that these features are inherent risks of using this equipment. Helmets must be properly fitted to each user, and I agree that this helmet has been properly fitted by the provider. I warrant that the helmet is comfortably snug and that when I fasten the chin strap and shake my head there is no significant movement of the helmet, I agree if the helmet is damaged or involved in any kind of accident, I will stop using it immediately, return it to the shop and report the accident or damage. PLEASE INITIAL

I accept this equipment "AS IS" and with NO WARRANTIES, express or implied, beyond those stated herein and in the manufacturers or distributors written limited warranty.

This document constitutes the FINAL AND ENTIRE AGREEMENT regarding this transaction and this equipment, it is binding upon the heirs, successors and assigns of all parties, and it supersedes any and all other documents or oral statements. If any part is found to be invalid or unenforceable, the remainder shall be given full force and effect.

THIS IS A CONTRACT which provides a COMPREHENSIVE RELEASE OF LIABILITY, but it is not intended to assert any claims or defenses that are prohibited by law. The specific legal rights of the parties may vary in different states and provinces.

User Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_