



Where: 1 hour into Pennsylvania at Three Springs Ministries  
Address: 874 Linck Hill Road, Morris, PA 16938      Phone: 570-353-2155

Registration Deadline: Wednesday, February 15, 2017. All registration forms and payment must be turned in by this date and can be turned into the church office or the locked box outside of the Student Center. After February 15, registration is on a case by case availability, and will be \$110. Please contact the church office at 607-962-7000 with any questions.

Cost: \$100

Contact Pastor Stacy at [sshaw@victoryhighway.com](mailto:sshaw@victoryhighway.com) or 607-962-7000 if you would like to discuss financial assistance.

The Details: We will meet in the student center at 3:30pm on Friday, March 3. We will return at 6pm on Sunday, March 5, meeting in the church parking lot for pick-up.

Skiing will take place at Ski Sawmill (weather permitting)

Featuring: skiing, family-style meals, winter games, & time to connect with God

For our day of skiing, there are group skiing lessons available at extra cost (\$12). If you get tired, hang in the lodge and play games!

What to bring:

- Sleeping bag & pillow
- Snow gear & boots
- Bible
- Clothes and personal items/ toiletries

## Registration

To register, please turn in this page, along with the completed

- Permission and Medical Consent Form (Victory Highway, 2 pages)
- Participant's Release and Parental Consent (Three Springs, 1 page)
- Group Rental Form (Ski Sawmill, 2 pages)
- Helmet Waiver (Ski Sawmill, 1 page)

<b>Payment Amount:</b> <input type="checkbox"/> \$100 <input type="checkbox"/> \$112 (\$12 ski lesson)	<b>Payment Option:</b> <input type="checkbox"/> Check (made to: Victory Highway Wesleyan Church) <input type="checkbox"/> Cash
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Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male       Female

**Rooming Request\***

- 1.
- 2.
- 3.

\*We will strive to have you room with at least one of your choices; if you are bringing a friend from outside VSM, you will be given first priority in rooming together.

Behavioral Expectations

I, \_\_\_\_\_, fully understand that no drugs, alcohol, or weapons are permitted on this trip. Violation of this policy may result in disciplinary action.

All medications must be turned in upon registration so that they can be kept in a secure place.

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Student Signature	Date
Parent/Guardian Signature	Date

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# PERMISSION AND MEDICAL CONSENT

As parent or legal guardian, I hereby give permission for my child to participate in the following activity (the "Activity") organized by \_\_\_\_\_

Name of Activity \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

Parent or Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

If not available in an emergency, notify :

1. Name \_\_\_\_\_ Phone ( \_\_\_\_\_ )  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- or 2. Name \_\_\_\_\_ Phone ( \_\_\_\_\_ )  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does this child have any of the following allergies :

Penicillin \_\_\_\_\_ Other : \_\_\_\_\_  
Other Drugs \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Ivy Poisoning, etc. \_\_\_\_\_  
Hay Fever \_\_\_\_\_

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in this Activity?  Yes  No

If yes, describe the problems or illnesses \_\_\_\_\_

State the name, address, medical specialty and phone number of this child's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this child : \_\_\_\_\_

State the name, address, and phone number of this child's dentist (and orthodontist if applicable) : \_\_\_\_\_

Is there medical or hospitalization insurance which provides benefits for this child? \_\_\_\_\_ If so, please indicate:

Name of Insurance Co. \_\_\_\_\_  
Address \_\_\_\_\_  
Policy No. of Insurance Policy \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_  
Phone No. of Insurance Co. ( \_\_\_\_\_ ) \_\_\_\_\_

Indicate the date of this child's last tetanus shot \_\_\_\_\_

Are there any activities, such as strenuous activities, to be restricted for this child? \_\_\_\_\_ If so, describe:

\_\_\_\_\_

Is this child on any medications? \_\_\_\_\_ If so, please state the medication : \_\_\_\_\_

If so, will this child be bringing to the Activity the medications that he/she should be taking? \_\_\_\_\_

Describe any dietary restrictions that this child is required to observe \_\_\_\_\_

Other comments or suggestions from the parent or guardian concerning this child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that \_\_\_\_\_ (ministry) carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in the Activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counsellor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

PARTICIPANT'S RELEASE AND PARENTAL CONSENT

Victory Highway

★ { Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent or Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Cell (\_\_\_\_) \_\_\_\_\_ Eve (\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_) \_\_\_\_\_

PARTICIPANT'S RELEASE

The undersigned participant, and guardian if under eighteen (18), on the date hereinafter indicated, does hereby release and discharge THREE SPRINGS MINISTRIES, INC., its agents, servants, employees, workmen, directors, trustees and representatives, from any and all liability in connection with any activities carried on at THREE SPRINGS MINISTRIES, INC. or any other location used by or involving THREE SPRINGS MINISTRIES, INC., including but not limited to claims of negligence, recklessness and any and all other claims alleging a failure to use reasonable care, including but not limited to claims made in connection with the use of the facilities, buildings, land, fixtures, horses, saddled animals, rock climbing, basketball, mountain biking, canoeing, challenge course elements, backpacking, ice and snow sports, paintball, swimming, work activities, and various field games and any other activities of any nature whatsoever.

The undersigned hereby acknowledge that they have assumed all risk, known or unknown, in connection with the use of the facilities, including but not limited to all buildings, land, facilities, horses, saddled animals, rock climbing wall and apparatus, ice and snow sports, sports equipment, camping equipment, and any other buildings, land, fixtures and equipment at the said THREE SPRINGS MINISTRIES, INC. or any other location used by or involving THREE SPRINGS MINISTRIES, INC. The risks assumed include, but are not limited to risks associated with use of buildings, land, facilities, equipment, fixtures, all risk associated with all activities, animals, terrain, and danger of injury.

The undersigned hereby releases THREE SPRINGS MINISTRIES, INC., its agents, servants, employees, workmen, representatives, directors and trustees from any and all claims, damages, reckonings for personal injury, property damage, medical expenses, wage loss, pain and suffering, including but not limited to claims of negligence, recklessness, failure to use reasonable care in any way, failure to supervise or instruct or any other act or omission of negligence or recklessness, wrongful death claims or other types of claims and damages on account of injury, accident or disease, which the undersigned may receive on account of the use of the facilities including but not limited to use of any of the buildings, any portion of the land, horses, saddled animals, rock climbing, mountain biking, canoeing, challenge course elements, backpacking, ice and snow sports, paintball, swimming, mountain biking, basketball, work activities, and various field games and any other activities of any nature whatsoever. This release encompasses both on site and off site activities. This release encompasses, but is not limited to, all claims of premises liability of any nature whatsoever.

Also, the undersigned agrees to indemnify, defend and hold harmless THREE SPRINGS MINISTRIES, INC., its employees, agents, servants, workmen, directors, trustees and representatives, from any and all claims arising from the use of the land, buildings, any saddled animals or other animals, rock climbing, mountain biking, canoeing, challenge course elements, backpacking, ice and snow sports, paintball, swimming, basketball, work activities, and various field games and any other activities of any nature whatsoever, and agrees to defend THREE SPRINGS MINISTRIES and pay THREE SPRINGS MINISTRIES' attorneys fees in connection with any suit filed by the undersigned on account of such claims for damages or injuries sustained at THREE SPRINGS MINISTRIES or any other locations operated or used by THREE SPRINGS MINISTRIES, INC.

The consideration for this release is the privilege of being involved in the ministry as a participant and user of facilities. This release may not be changed orally.

★ Dated, executed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 2017.  
 Dates that this release is applicable are March 3, 2017 – December 31, 2017.

★ Participant: \_\_\_\_\_ Witness: \_\_\_\_\_ ★

*If under 18 years of age, a parent or guardian must also sign below:*

★ Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_ ★






Parental Consent (Must be completed for all those under 18 years of age.)

In case of emergency, I understand that every effort will be made to contact me. I hereby give my permission to the physician chosen by Three Springs Ministries' staff and/or the sponsoring group's staff to hospitalize and/or secure proper treatment for, and order injections, or anesthesia, or surgery for my child as named on this form. Also, for promotional purposes only, the camp has my permission to use pictures or videos that should happen to include my child.

★ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**RENTAL EQUIPMENT - RELEASE FROM LIABILITY**  
**PLEASE READ CAREFULLY BEFORE SKIING**

1. I recognize that the lessor of the ski/snowboard equipment on this form is Ski Sawmill Family Resort ski area, hereinafter referred to individually and collectively as "Lessor Ski Area".
2. I accept for use AS IS the ski/snowboard equipment I am obtaining from Lessor Ski Area. I will be responsible for the replacement, at full retail value, of any equipment rented under this form but not returned to Lessor Ski Area. (Cost for broken pole \$7.00). X \_\_\_\_\_ INITIAL 
3. I recognize that skiing/snowboarding, including the use of lifts, is a dangerous sport with inherent and other risks. These risks include, but are not limited to, variations in snow, steepness and terrain, ice and icy conditions, moguls, rocks, debris (above or below the surface), bare spots, lift towers, poles, snowmaking equipment, including pipes and hydrants and components parts, fences and the absence of fences and other natural or man-made obstacles visible or hidden on and/or off designated trails, as well as collisions with equipment, obstacles or other skiers/snowboarders. Trail conditions vary constantly because of weather changes and skier use. These are some of the risks of skiing/snowboarding. All risks of skiing/snowboarding present the risk of serious injury and/or fatal injury. IN CONSIDERATION OF SKIING/SNOWBOARDING AT LESSOR SKI AREA, I AGREE THAT I WILL NOT SUE IF I AM INJURED.
4. I understand that the board-boot-binding-system will not release during use, nor is it specifically designed to release as the result of forces induced during ordinary operation and is therefore absolutely no guarantee for my safety from any injury that may occur.
5. I understand that no helmet can protect the wearer against all potential head injuries and that some reasonable foreseeable impacts may exceed this helmet's protective capabilities. This helmet cannot prevent injury in the wearers face (including teeth, nose, eyes, and ears), neck or spinal cord. **Applicable only with rental helmet.** X \_\_\_\_\_ INITIAL 
6. I hereby release Lessor Ski Area and/or employee of the foregoing from any and all liability for damage and injury to myself or to any person or property resulting from negligence, installation, maintenance, the selection, adjustment and use of this equipment, or from the performance of any work, in the nature of binding adjustment or otherwise, performed by Lessor Ski Area on any other ski/snowboard equipment I may be using, accepting the full responsibility myself for any and all such damage or injury which may result. X \_\_\_\_\_ INITIAL 
7. I have made no misrepresentations to Lessor Ski Area in regard to my height, weight, age or skier type.
8. All instructions on the use of my rental equipment have been made clear to me, and I understand the use and function of my equipment and I understand that a runaway snowboard can cause great harm to other skiers, I therefore agree to keep my retaining strap attached to my arm or leg at all times.
9. I agree that all disputes arising under this agreement and/or from my use of the ski equipment facilities at Lessor Ski Area shall be litigated exclusively in the Court of Common Pleas of Lycoming County or in the United States District Court for the Middle District of Pennsylvania. X \_\_\_\_\_ INITIAL 
10. As parents and/or legal guardian, I accept the terms and conditions above and waive any rights I might have to sue Lessor Ski Area should my child or ward be injured. I also agree to defend, hold harmless and indemnify Lessor Ski Area for any claims which might be brought against it by my child or ward, even if there is a claim of negligence, breach of warranty or product defect. X \_\_\_\_\_ INITIAL 

I, the undersigned, have read and understand the Rental Agreement and Release of Liability.

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

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

Parent/Guardian signature if user is a minor



# HOW VALUABLE IS YOUR CHILD'S BRAIN?

## HELMETS PROTECT BRAINS

Every year numerous skiers and boarders hit something hard with their heads. This causes the brain to impact the skull, often with such force that the brain becomes bruised. Just like any other part of the body that is bruised, the brain swells causing **LIFE THREATENING RESULTS.**

Helmets can minimize the effect of hitting something hard with your head. In previous years we've had several injuries that resulted in hospital visits, which could have been prevented, had the skier/boarder been wearing a helmet.

**ANY STUDENT RENTING A SNOWBOARD MUST WEAR A HELMET.**

**Helmet use by skiers optional but recommended.** Students may provide their own helmets, or Ski Sawmill will rent helmets (limited numbers available).

Students may not agree, but we think a child's brain is worth protecting. **Therefore, the following release must be completed and signed for each student.**

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Student(s) name \_\_\_\_\_

As a parent or guardian of the above named student(s) I have read this information on helmet use and I prefer that my child:

- Rent a helmet from Ski Sawmill
- Purchase a helmet from Ski Sawmill
- Provide his/her own helmet
- My child is not required to wear a helmet.

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(Signature of Parent or Guardian)

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(date)