# GWHS Ski Club 2016-2017 Snowshoe Trips

Sunday, January 8 Sunday, January 29 Sunday, February 12

The cost per trip will be \$130. This is non-refundable. Each trip includes transportation by tour bus, lift tickets, rentals (if needed), two slices of cheese or pepperoni pizza and a drink for lunch, and dinner on the return trip. We will not be stopping for breakfast. All trips depart GWHS at 5:00AM, returning to GW at approximately 9:00PM. Late arrivals will be left behind. Parents are welcome to take part at the same price the students pay. Students can sign up for ski club by returning the permission form/safety checklist, along with the Snowshoe forms, to Mr. Jones. Checks (payable to GWHS) or cash payments should be given to Mr. Jones no later than the Wednesday before each trip. Students with season passes can subtract \$45/trip from the cost. (This is the amount Snowshoe charges for lift tickets.) In the event that a student who paid for multiple trips is unable to attend one or more trips, money cannot be refunded (unless the student is injured on a ski trip). However, the student may sell his or her spot to another ski club member. Mr. Jones or Mr. Ruddle can try to help with this process if notified in advance. School policies regarding student behavior, alcohol, tobacco, and controlled substances will be in force during all ski trips. In the event that inclement weather forces a cancellation, the trip will be rescheduled on Sunday, Feb. 26th. Littering of the bus will not be tolerated. Drinks opened on the bus should be in plastic containers with screw lids – no cans please. The chaperones reserve the right to exclude students from future trips if their behavior on the bus is not up to expectations.





## Medical Consent Forms

Group Name: George Washington

High School

Group Leader: David Jones

Arrival/departure dates: 1/8/17, 1/29/17, and 2/12/17

Authorization by parent(s) or during absence of parent(s) or gu	ardian(s).	her to consent to hospital tor type all required infort	ization, surgery or special med mation)	ucai procedures
Name:			·	
Date of Birth:			Sec. #: rtivnal	
Health History	•			•
Medical Problems:				<u></u>
Rheumatic Fever	Diabetes	Epilepsy	Allergies	<del></del>
Allergic to Drugs (i.e. penicillin,				
Allergic Reaction to Bee Stings: Ye			Unknown	
Tetanus (Last injection):				
Is Child under medical treatment	now? Yes	No		
Is Child taking medications?	Yes	No		
Child's Physician:		Phone: ( )		
Parent(s) or Guardian(s) Le	gally Responsible	e for Child		
Name:		Name:		·
Day Phone: ( )	·	Day Phone:	( )	
Night Phone: ( )	· ·	Night Phone	e: ( )	
We hereby appoint the appropriate staff surgical treatment and / or special procediagnostic test, etc.) which may be requicircumstances permit, I / we would like procedures.	of Snowshoe Mountain	y of illustration and not limita Without in any manner limiti	tion, administration of anesthesia, bi	iood transtusion, uthorization. If
The undersigned agrees to pay all costs a Mountain Inc., its agents, employees and	ssociated with such med associates harmless from	ical care and related transpor n any costs incurred therein.	tation of the child and indemnify an	d hold Snowshoe
Signature	Date	Signature	Date	
Please	e deliver to ski pa	atrol office on your f	irst day of skiing.	

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Reservation #	<u> </u>
Cust. #	

#### RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Name:	Phone:	e-mail:
Home Address:	_ City, State,Zip:	

#### READ VERY CAREFULLY BEFORE SIGNING

I am aware of, understand, and agree that the various outdoor recreational sports and activities at Snowshoe can be inherently dangerous and hazardous activities that can cause serious bodily injury or death depending upon, but not limited to, the nature of the sport or activity, the terrain, the sports equipment involved, and the weather. This document cannot describe all risks or hazardous conditions which could be encountered. By way of example – and not by way of limitation – the following are some of the risks and hazards which could occur in some of the various outdoor recreational sports and activities at Snowshoe.

- 1. Persons engaged in adventure park activities (such as Climbing Wall, and volleyball) may be exposed to falls or collisions due to variations in the ground surface, ramps, bumps, forest debris, boat docks and equipment. Pads are required for certain activities and all participants must wear them at all times.
- 2. Hikers may encounter rocks, stumps, roots, trees, narrow trails, steep declines, high water streams, lightning and thunderstorms, mud or other slippery conditions, and variations in pitch and terrain.
- 3. Guests who go camping or occupy cabins in the back country may encounter extreme weather conditions, fires, wildlife (there are black bears and poisonous snakes on the mountain), variations in the terrain, and varying forest conditions.
- 4. Those engaged in fly fishing may encounter high water, fast water, slippery footing, hidden underwater obstacles, unpredictable currents, rapidly changing and extreme weather conditions, and equipment risks (barbed hooks, primarily).
- 5. Persons engaged in waterfront activities such as canoeing, kayaking, or row boating may encounter rough water, rocks, fast currents, sudden weather changes, lightning and thunderstorms, and collisions with other participants. All persons engaged in waterfront activities are required to wear a life jacket at all times.
- 6. Shooters engaged in sporting clays must be particularly careful because the sport involves the use of firearms and ammunition, not only by themselves, but by other participants. The nature of this sport exposes participants to raised platforms, ramps, stairs, terrain that varies in pitch and surface, and walking on forest trails. All persons engaged in sporting clays must wear eye and ear protection.
- Persons riding an aerial tramway may encounter quick stops, awkward boarding and unloading situations, falls, exposure to rapidly changing and extreme weather, and possible prolonged stops.
- 8. If Snowshoe transportation is used for any activities there may be a danger of a motor vehicle accident.

Having READ and UNDERSTOOD some of the possible risks involved in some of the outdoor recreational sports and activities at Snowshoe, I hereby knowingly, voluntarily, and expressly agree to assume and accept all risks connected with my participation in any outdoor recreational sports and activities at Snowshoe.

In consideration of Snowshoe permitting me to participate in outdoor recreational sports and activities, I hereby voluntarily release, waive, and relinquish any and all claims, liability, or causes of action for personal injury, property damage, or wrongful death arising as a result of my participation in any outdoor recreational sports and activities at Snowshoe, or any activities incidental thereto, wherever or however the same may occur. In further consideration, I voluntarily agree to defend, indemnify, and hold harmless Snowshoe Mountain, Inc. and its employees, agents, officers, directors and shareholders from any and all claims, liability, causes of action, costs, expenses, and attorney fees directly or indirectly arising out of any aspect of my participation in any outdoor recreation sports and activities at Snowshoe.

I hereby acknowledge that I understand the terms and conditions of this "Release of Liability and Assumption of Risk"; that I assent and agree to the terms of this document; that I consider this document to be clear in its purpose; and that I consider this document to be freely and fairly made and executed by myself.

I understand all equipment listed herein is rented from Snowshoe Mountain Inc., on an "AS IS" basis without any representation or warranty, expressed or implied, as to its fitness for any particular purpose or use. There is no representation or warranty. I agree to reimburse Snowshoe Mountain Inc., for the loss or damage beyond ordinary use if any and all equipment at current retail value.

I understand that this release is binding not only upon myself but upon my heirs, administrators, executors and assigns. I again reaffirm my free and willing intent to execute it, acknowledging a complete understanding of it terms and conditions and the totality of its effect, and the totality of the waiver of any rights that I would otherwise have had, had this agreement not been executed. I agree that all disputes arising under this agreement and/or from my use of the facilities at this resort area shall be litigated exclusively in the Circuit Court of Pocahontas County, West Virginia or in the United States District Court for the Northern District of West Virginia. If any portion of this agreement is determined to be unenforceable by a court of law, all other parts of the agreement shall remain in full force and effect.

### I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE RELEASE AGREEMENT ABOVE.

PRINT NAME of all in your party.	SIGNATURE	AGE	DATE





### Medical Consent Forms

Group Name: George Washington

High School

Group Leader: David Jones

Arrival/departure dates:

1/8/17, 1/29/17, and 2/12/17

Authorization by parent(s) or guard during absence of parent(s) or guard	lian(s). <i>(Please print</i>	or type all required info	ormation)	58
Name:				
Date of Birth:		So		
Health History			•	
Medical Problems:			-	·
Rheumatic Fever	Diabetes	Epilepsy	Allergies _	<del></del>
Allergic to Drugs (i.e. penicillin, etc.)				
Allergic Reaction to Bee Stings: Yes				
Tetanus (Last injection):				
Is Child under medical treatment nov	w? Yes	No		
Is Child taking medications?	Yes	No		
Child's Physician:		Phone; ( )		
Parent(s) or Guardian(s) Legal	ly Responsible	for Child		
Name:	<del></del>	Name:		·
Day Phone: ( )		Day Phon	e: ( )	
Night Phone: ( )		Night Pho	one:()	
We hereby appoint the appropriate staff of S surgical treatment and / or special procedur diagnostic test, etc.) which may be required circumstances permit, I / we would like to h procedures.	nowshoe Mountain ves (including, by way	of illustration and not lim	itation, administration of a	mestnesia, piood transfusion, tment and authorization. If
The undersigned agrees to pay all costs assoc Mountain Inc., its agents, employees and asso	iated with such medi ociates harmless from	cal care and related transp any costs incurred therein	ortation of the child and in n.	ndemnify and hold Snowshoe
Signature	Date	Signature		Date
Please d	eliver to ski pa	trol office on your	first day of skiing	

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Reservation	#
Cust.#	

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PRINT NAME of all in your party.	SIGNATURE	AGE	DATE

### GWHS Ski Club 2016-2017 Permission Form

I hereby give my permission for my child to participate in the GW ski trips to Snowshoe on January 8th and 29<sup>th</sup> and February 12, 2017

Name (please print)	Grade	Skis	Snow board	Rentals needed (Yes/No)

Emerg	gency Health Information:	
1.	Parent/guardian can be reached at the following	numbers:
-	Home cell	
2.	Person who will accept responsibility if parent of	cannot be reached:
	Name phone	
3.	Physician's name	phone
4.	Name phone Physician's name Please list any medications your child is taking:	
5.	Does your child have any chronic health problem	ms?
6.	Is your child limited in any physical activity?	
7.	Does your child have any allergies (food or drug	<u>y)?</u>
8.		bring to our attention?
	e of accident or serious illness, I release and absole Washington High School, and any chaperone of	ve Kanawha County Schools,
signat	ture of parent/guardian	date
Studen	t cell phone number:	· · · · · · · · · · · · · · · · · · ·

### **GWHS Ski Club Safety Checklist**

- The use of protective equipment is strongly recommended to help prevent injury on the slopes. This includes helmets, which are designed to minimize head trauma in the event of a collision. Snowboarders can help prevent wrist injury by wearing wrist guards.
- Always stay in control, and be able to stop or avoid other people or objects.
- People ahead of you have the right of way. It is your responsibility to avoid them.
- Do not stop and obstruct a trail, especially if you are not visible from above.
- Observe all posted signs and warnings.
- Green trails are for inexperienced skiers, blue trails are for intermediate skiers, and black trails are for experts only.
- Always ski defensively.
- If you are tired, take a short break between runs.
- Observe all posted signs and warnings. Keep off closed trails and out of closed areas, failure to do so could result in injury.
- Always ski with a Buddy Watch out for each other, do not leave anyone behind!
- Should you be injured, notify Ski Patrol Immediately!
- Safety is our Top Priority Have Fun and Be Safe!

I have read the safety checklist and agree that neither George Washington High School nor the ski club chaperones are liable for damages resulting from injuries incurred while attending a ski club trip.

Skiers	signature	k-vice-uponatenci-vick-traph-to-ok-distina	enterangeappersonates	Enveloper, una mangarang sang mangarang sang carpat sang carpat sang sang sang sang sang sang sang sang	date.	
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	Name	ohone						
3.	Physician's name	phone						
4.	Physician's name phone Please list any medications your child is taking:							
5.	Does your child have any chronic health problems?							
· 6.	Is your child limited in any physical activity?							
7.	Does your child have any allergies (food or drug)?							
8.	Are there any other concerns you would like to bring to our attention?							
In case of accident or serious illness, I release and absolve Kanawha County Schools, George Washington High School, and any chaperone of any liability.								
signat	ture of parent/guardian	date						
Studen	at cell phone number:		•					

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Skiers	signature			финубрубликанын какан какан какан күртүнү какан ка	date	
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