

# Frontline Surf & Snow Trip

January 15th - 18th 2016

## Location

### MOUNTAIN

Cascade Mountain Ski Area  
W10441 Cascade Mountain Road  
Portage, WI 53901  
cascademountain.com

### LODGING/WATERPARK

Kalahari Resort  
1305 Kalahari Drive  
Wisconsin Dells, WI 53965  
kalahariresorts.com

## \$217 Ski/Snowboard

WITH RENTAL EQUIPMENT

Ski and Snowboard option  
Swap out anytime [no fee]

## \$190 Ski/Snowboard

WITH PERSONAL EQUIPMENT

## \$155 Waterpark Only

[WATERPARK INCLUDED ON ALL PACKAGES]

| Bring money for two fast food meals  
| Optional \$10 indoor theme park pass available  
for purchase upon arrival (limited quantity)  
| Optional \$10 group ski lesson / \$8 helmet rental  
(recommended for 1st timers)  
| To accommodate guys/girls in separate rooms,  
it might be necessary for a student to sleep on the  
floor one of the three nights

## Deposit

\$75 DEPOSIT DUE 12/13/2015

## Payment

FULL PAYMENT DUE 1/6/2016

[PAYABLE TO LIVING HOPE CHURCH]

## Schedule

### Friday /

|          |                                 |
|----------|---------------------------------|
| 5-5:30pm | Loading                         |
| 6pm      | Leave   Church [No Dinner Stop] |
| 9pm      | Arrive   Kalahari               |
| 10:30pm  | Main Session 1                  |
| 12am     | Small Group                     |
| 1am      | Lights Out                      |

### Saturday /

|         |                          |
|---------|--------------------------|
| 8am     | Breakfast/Encounter Time |
| 8:15am  | Leave for Cascade        |
| 9am     | Ski/Snow/Water [3hrs]    |
| 12pm    | Lunch [1pm Ski Lunch]    |
| 1pm     | Ski/Snow/Water [4hrs]    |
| 5pm     | Leave Mountain           |
| 6pm     | Eat Dinner               |
| 7pm     | Main Session 2           |
| 9pm     | Small Group              |
| 10:30pm | Late Night Water Park    |
| 12:30am | Lights Out               |

### Sunday /

|         |                          |
|---------|--------------------------|
| 8am     | Breakfast/Encounter Time |
| 10am    | Main Session 3           |
| 11:30am | Small Group              |
| 12:30pm | Lunch                    |
| 1:30pm  | Waterpark [4hrs]         |
| 5pm     | Go Out to Dinner         |
| 7pm     | Main Session 4           |
| 9pm     | Small Group              |
| 10pm    | Late Night Theme Park    |
| 12:30am | Lights Out               |

### Monday /

|        |                   |
|--------|-------------------|
| 9am    | Breakfast/Pack Up |
| 10am   | Waterpark [3hrs]  |
| 1pm    | Go Out to Lunch   |
| 2pm    | Loading           |
| 2:30pm | Leave   Kalahari  |
| 5:30pm | Arrive   Church   |

SIGN UP ONLINE AT [LIVINGHOPE.US](http://LIVINGHOPE.US)



## PARENTAL CONSENT FORM

### Living Hope Church

I, (parent) \_\_\_\_\_ give my consent for (student)  
\_\_\_\_\_ to attend the  
(trip) \_\_\_\_\_ FRONTLINE SURF & SNOW TRIP \_\_\_\_\_ at  
(location) \_\_\_\_\_ KALAHARI/CASCADE MT. \_\_\_\_\_ in (city) \_\_\_\_\_ WISCONSIN DELLS, WI \_\_\_\_\_.

The cost of this trip is \$ 155/190/217 .

In the event of an emergency, I hereby authorize the Living Hope Church leadership to approve any immediately necessary medical care for my student.

I also understand that students will be transported via (vehicle type) \_\_\_\_\_ VAN/CAR \_\_\_\_\_.

Name of Participant/Minor \_\_\_\_\_

Your relationship to Minor \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Special medical allergies, chronic illnesses or other conditions: \_\_\_\_\_

Other contact in case of emergency: \_\_\_\_\_

**This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.**

Signed \_\_\_\_\_  
Father/Mother/Legal Guardian

Date: \_\_\_\_\_

777 Meacham Road | Elk Grove Village, IL 60007 | Phone (847)985-6446

# 2015-2016 FAMILY MINISTRY MEDICAL RELEASE FORM

**Student #1 Name**\_\_\_\_\_ **M/F** **Birthdate**\_\_\_\_\_ **Grade** \_\_\_\_\_

School Attending \_\_\_\_\_ Allergies \_\_\_\_\_

**Student #2 Name**\_\_\_\_\_ **M/F** **Birthdate**\_\_\_\_\_ **Grade**\_\_\_\_\_

School Attending \_\_\_\_\_ Allergies \_\_\_\_\_

**Student #3 Name** \_\_\_\_\_ **M/F** **Birthdate** \_\_\_\_\_ **Grade** \_\_\_\_\_

School Attending \_\_\_\_\_ Allergies \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parents/Guardians names \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Other Numbers for Parents      Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Please name a relative or close friend we may contact if we are unable to reach the above in case of emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL RELEASE**

\*Parents will be notified if at all possible\*

I understand that in the event professional medical intervention is needed for a participant in a church related activity, a reasonable attempt will be made to immediately contact the designated parent or guardian listed on this form. In the event I, or the doctor listed below, cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia or surgery for my child as deemed necessary. Living Hope Church will not be financially responsible for services rendered.

I hereby release Living Hope Church, its staff members, its governing organization, its officers, trustees, employees, agents and all other persons associated with Living Hope Church from any and all liability, damages, actions and causes of actions of any kind or description arising out of or in any way related to any activities that I may participate in or at with Living Hope Church. The undersigned does hereby further agree to indemnify and hold harmless any party herein released from any claims brought by any party herein or by any third party arising out of our in any way related to any actions or activities while at a Living Hope Church activity. I understand this release is binding upon my heirs, executors and assigns.

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

(if participant is under 18 years of age)

**Please provide the following information:**

|                   |                      |
|-------------------|----------------------|
| Medical Insurance | Policy or contract # |
|-------------------|----------------------|

Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

## Cascade Mountain Release of Liability - Parental Permission Agreement

This form is required for all minors unaccompanied by a parent or legal guardian who is renting equipment.

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

GROUP NAME \_\_\_\_\_ TRIP DATES \_\_\_\_\_

### **A. RELEASE OF LIABILITY:**

**I, THE UNDERSIGNED, IN CONSIDERATION OF THE RENTAL OF THE SKIING/SNOWBOARDING EQUIPMENT TO MY CHILD BY CASCADE MOUNTAIN, HEREBY RELEASE AND FULLY DIS-CHARGE CASCADE MOUNTAIN MANAGEMENT CORPORATION, CASCADE MOUNTAIN LAND HOLDINGS LLC, THEIR OWNERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY TO MY CHILD OR DAMAGE TO MY CHILD'S PROPERTY WHICH IS CAUSED IN ANY WAY BY THE NEGLIGENT ACTS OR FAILURES TO ACT OF CASCADE MOUNTAIN, CASCADE MOUNTAIN MANAGEMENT CORPORATION, CASCADE MOUNTAIN LAND HOLDINGS LLC, THEIR OWNERS, AGENTS, OR EMPLOYEES IN THE INSTALLATION, ADJUSTMENT, INSPECTION, MAINTENANCE AND/OR RENTAL OF THE EQUIPMENT AND/OR IN THE INSTRUCTIONS GIVEN OR NOT GIVEN TO MY CHILD CONCERNING THE EQUIPMENT AND ITS USE AND/OR IN ANY WAY ARISING FROM THE USE OR RENTAL OF THIS EQUIPMENT.**

I accept for myself and on behalf of my child full responsibility for any and all injuries or damages of any kind which may result from the use of the ski/snowboard equipment by my child, and it is my intention to **HOLD HARMLESS** Cascade Mountain Management Corporation, Cascade Mountain Land Holdings LLC and their owners, agents and employees for any injuries sustained to my child while using the above described equipment. I further agree not to make a claim against or sue Cascade Mountain Management Corporation or Cascade Mountain Land Holdings LLC for injuries or damage relating to my child's skiing/snowboarding and/or the use of this equipment.

I have carefully read this Release of Liability and Parental Permission Agreement and fully understand its contents. This document constitutes the final and entire agreement between Cascade Mountain Management Corporation, Cascade Mountain Land Holdings LLC and the undersigned. **I am aware that by signing this document, I am WAIVING certain legal rights of myself, my spouse, and those of my child, including the right to sue Cascade Mountain Management Corporation or Cascade Mountain Land Holdings LLC.** I am aware this Release of Liability-Parental Permission Agreement is a contract between my child, myself, my spouse, and Cascade Mountain Management Corporation, Cascade Mountain Land Holdings LLC, and I sign it of my own free will.

### **B. PARENTAL PERMISSION AGREEMENT:**

I UNDERSTAND that my child will be renting equipment at Cascade Mountain on the above date(s) and hereby give permission for him/her to rent skiing/snowboarding equipment.

I UNDERSTAND and am aware that skiing/snowboarding involves certain inherent risks, dangers and hazards which can result in serious personal injury or death and that personal injuries and damage to property are a common and ordinary occurrence in the sport. I hereby agree to freely and expressly assume any and all risks of injury or death to my child or damage to his/her property while using the equipment while skiing/snowboarding.

I UNDERSTAND that the ski equipment being furnished forms part of a ski-boot-binding system which will NOT RELEASE at all times or under all circumstances and that it is not possible to predict every situation in which it will or will not release and that its use cannot guarantee my child's safety or freedom from injury while skiing. I further understand and agree that the ski-boot-binding system may reduce, but does NOT ELIMINATE, the risk of injury to the lower portion of my child's leg or any other parts of my child's body. I further understand that the boot-binding system will not reduce at all the risk of injury to my child's knee and that the boot-binding system will not release in the event of a backward fall.

I UNDERSTAND that the snowboard boot-binding system WILL NOT ORDINARILY RELEASE during use, nor is it specifically designed or intended to release as a result of forces during ordinary operation, and it is therefore absolutely NO GUARANTEE OF MY CHILD'S SAFETY.

I UNDERSTAND that I am responsible for any damage to the equipment while in my child's possession. This includes, but is not limited to theft or loss.

I FURTHER UNDERSTAND this equipment is not to leave Cascade Mountain property, and this agreement is for dates listed above only and the equipment is to be returned at the end of each session to avoid additional charges.

I UNDERSTAND there are NO WARRANTIES, expressed or implied, which extend beyond the description of the equipment my child rents, and that my child rents said equipment AS IS.

**CAUTION!! READ BEFORE SIGNING!! THIS DOCUMENT AFFECTS YOUR AND YOUR CHILD'S LEGAL RIGHTS  
AND WILL BAR YOUR AND YOUR CHILD'S RIGHT TO SUE!**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

User's Signature \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_