



# Ski Trip 2014 Registration Form

Participants must return this registration form by  
**Monday, December 8<sup>th</sup>**

I hereby give my permission for my son/daughter \_\_\_\_\_ to participate in the Junior Leader Trip to Perfect North Ski Resort in Lawrenceburg, Indiana (and surrounding Cincinnati Area) and to ride in a vehicle with 4-H adult volunteer/professional and/or a responsible adult (as determined by the Extension/4-H personnel in charge). I understand that efforts will be made to insure a safe and enjoyable activity, which will be held, but I also understand that an activity such as skiing does create opportunities where accidents or injuries could occur, as well as the inherent risks that are involved with traveling. By signing this form, I am relinquishing the OSU Extension Staff and Volunteers/Drivers of all liability if my child should become injured.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## Please check the appropriate package:

Reserve one ski/board & transportation package

at the cost of \$48.00 \_\_\_\_\_

Reserve one tubing (2 hrs.), & transportation package

at the cost of \$25.00 \_\_\_\_\_

Total Cost \_\_\_\_\_

## Please make checks payable to Jackson County Junior Leaders

OSU Extension,  
Jackson County  
17 Standpipe Rd.  
Jackson, Ohio 45640

Phone: 740-286-5044

E-mail:  
dailey.108@osu.edu



**THE OHIO STATE UNIVERSITY**

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES



[Jackson.osu.edu](http://Jackson.osu.edu)

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**OHIO 4-H PARTICIPANT/MEMBER HEALTH HISTORY**

This form must be completed by/for each participant or by the parents/guardians of minors. This information will be kept confidential and used only for the welfare of the participant.

DATE \_\_\_\_\_ COUNTY \_\_\_\_\_

PLEASE CIRCLE: MALE FEMALE AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_  
 (STREET) (CITY) (STATE) (ZIP)

PHONE (HOME) \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ PAGER \_\_\_\_\_

OTHER PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**Instructions for Medications**

- All prescription drugs **MUST** be carried in the container in which they were issued (with medical orders and physician's name intact)
- If you need over-the-counter medications not listed below, they must be in the original container and must be stored under lock and key by the nurse/health director or a responsible adult during the 4-H event.

**CHECK MEDICATIONS BELOW, THAT PARTICIPANT MAY RECEIVE IF DEEMED NECESSARY:**

<input type="checkbox"/>	Ibuprofen/advil	<input type="checkbox"/>	Acetaminophen/tylenol	<input type="checkbox"/>	laxatives
<input type="checkbox"/>	antacids	<input type="checkbox"/>	triple antibiotic	<input type="checkbox"/>	diarrhea medication
<input type="checkbox"/>		<input type="checkbox"/>	Robitussin Cough Syrup	<input type="checkbox"/>	adrenalin

**LIST APPROXIMATE DATE IF PARTICIPANT HAS HAD OR BEEN EXPOSED TO:**

CHICKEN POX \_\_\_\_\_ TUBERCULOSIS \_\_\_\_\_ MEASLES \_\_\_\_\_ MUMPS \_\_\_\_\_

WHOOPING COUGH \_\_\_\_\_ SCARLET FEVER \_\_\_\_\_ TETANUS IMMUNIZATION \_\_\_\_\_

Date of Last Booster \_\_\_\_\_ Date of Last Menstrual Period \_\_\_\_\_

Operations or Serious Injuries requiring medical treatment (specify): \_\_\_\_\_

**Check below if participant is subject to:**

<input type="checkbox"/>	headaches	<input type="checkbox"/>	fainting	<input type="checkbox"/>	heart trouble	<input type="checkbox"/>	frequent colds
<input type="checkbox"/>	constipation	<input type="checkbox"/>	convulsions	<input type="checkbox"/>	frequent sore throats	<input type="checkbox"/>	kidney trouble
<input type="checkbox"/>	athlete's foot	<input type="checkbox"/>	sinusitis	<input type="checkbox"/>	bed wetting	<input type="checkbox"/>	sleep walking
<input type="checkbox"/>	ear infection	<input type="checkbox"/>	epileptic seizures	<input type="checkbox"/>	home sickness	<input type="checkbox"/>	bronchitis
<input type="checkbox"/>	cramps	<input type="checkbox"/>	diarrhea	<input type="checkbox"/>	asthma controlled (yes, no)	<input type="checkbox"/>	other please specify

**Check if Participant is Allergic to:**

Foods (specify) \_\_\_\_\_

Medication: Prescription or non-prescription drugs (specify) \_\_\_\_\_

Serious Ivy, Oak, or Sumac Poisoning \_\_\_\_\_

Bee or Insect Stings \_\_\_\_\_ Prescribed Treatment \_\_\_\_\_

**LIST ALL PRESENT MEDICAL AND ALLERGIC CONDITIONS (Contact Lenses, Braces, Diabetes, etc.) which require medication, treatment, or special restrictions or considerations in participation.**

Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

**SPECIFY ANY RESTRICTIONS IN ACTIVITIES (INCLUDING SPECIAL DIET NEEDS):**

**Immunization Record**

Please record the date (month & year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (whooping cough) DPT* Tetanus or	1 2 3	1 2
Tetanus Diphtheria or TD*		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given (most recent)		
Hemophilus influenza b (HIB)		

**PARENT/GUARDIAN MEDICAL RELEASE**

\_\_\_\_\_ I understand the camp staff and volunteers, are not responsible in the event of accidental injury or illness, nor for the compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness I will be notified. If I cannot be contacted, I give my permission to transport the participant to an appropriate facility and I give the attending physician my permission to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant as named above.

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

I give The Ohio State University permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

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

## Waiver and Permission to Transport Child/Charge

### Ohio State University Extension

**Child/Charge:** \_\_\_\_\_

**Event:** Jackson County 4-H Ski Trip **Date:** Dec 29, 2014

**Location:** Perfect North Ski Resort,  
Cincinnati, OH/Lawrenceburg, IN and vicinity

**Driver:** 4-H Adult Volunteer and/or Responsible Adult (as determined by the  
Extension/4-H personnel in charge)

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in the county or state Extension programs.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge The Ohio State University, its Board of Trustees, The Ohio State University Extension and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): \_\_\_\_\_

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



## Assumption of Risk, Waiver of Liability, and Indemnification Agreement

**Perfect North Slopes, Inc.** (hereafter referred to as PNS) is a recreational snow sports facility that provides recreational opportunities that include, but are not limited to skiing, snowboarding, and snow tubing. We want you to understand that our sports, like other recreational activities, include inherent risks that can never be eliminated regardless of how much emphasis we place on reducing risk.

**Definitions:** MINOR PARTICIPANT - a child over whom the adult signing this document 1) has guardianship (including a parent) or 2) has assumed responsibility. RESPONSIBLE ADULT – an adult acting in place of and on behalf of said MINOR PARTICIPANTS.

**Inherent Risks:** PNS feels it is important that all participants (ADULT PARTICIPANTS or MINOR PARTICIPANTS and/or RESPONSIBLE ADULTS) understand the nature of our sports and are aware of, understand, and appreciate the inherent risks involved.

- Skiing and snowboarding risks include, but are not limited to, collisions (with stationary objects such as trees, rocks, stumps, forest growth & debris, lift towers, fences, snowmaking equipment, snow vehicles, signs, and other manmade or natural obstacles; with other skiers/snowboarders); falls; landing awkwardly; over-exertion; failure to successfully complete a movement; loss of control (due to snow/ice conditions such as bare spots, black ice, moguls, terrain features; variations in surface and/or terrain conditions; slope design or modifications; and other hazards, whether manmade or natural, marked or unmarked); use of ski lifts, rope tows, and/or surface conveyor lifts; failure of equipment; and exposure to sometimes frigid conditions.
- Snow tubing risks include, but are not limited to, falling from the tube; collision with others and/or objects at the end of the lane; collision resulting from a tube crossing the lane divider into an adjoining lane; collision resulting from another tuber or group of tubers overtaking the participant; unexpected change of speed due to varying changes in snow conditions; participants having little control of their tube once the slide begins; failure of equipment; and use of surface conveyor lifts.
- Other inherent risks of skiing, snowboarding, and snow tubing include, but are not limited to, erratic or negligent behavior of the participant or of other participants; sudden changes in weather, weather-related occurrences, and acts of nature; and judgment errors by staff (including error in judging the ability of participants, failure to anticipate developing problem situations, and failure to anticipate sudden changes in weather conditions).
- Risks of observing and being on the premises for both the participant and non-participant include, but are not limited to, standing too close to run-out areas; being struck by skis, poles, boards, tubes, or other equipment; being struck by out-of-control skiers, snowboarders, or tubers; slipping and falling (on slick, wet, icy, or uneven spots, in restrooms and other indoor areas); slippery or uneven sidewalks, steps, and outdoor surfaces; and various parking lot hazards such as vehicle traffic and unsure footing.

It is important that all participants (ADULT PARTICIPANTS, MINOR PARTICIPANTS and/or RESPONSIBLE ADULTS) understand that injuries can occur as the result of these inherent risks, which include, but are not limited to muscle strains and sprains, bruises, contusions, abrasions, sunburn, muscle soreness, broken bones, ligament and joint injuries, back and neck injuries, concussions, internal injuries, eye injuries, brain injury; spinal cord and back injuries, heart attack, stroke, and even death.

**ASSUMPTION OF INHERENT RISKS:** I, the ADULT PARTICIPANT, or MINOR PARTICIPANT(S) and/or RESPONSIBLE ADULT, have read the above paragraphs (or had the risks explained to me) and know that PNS ski, snowboarding, and snow tubing activities contain inherent risks which vary with the activity. I understand the demands of those activities relative to my physical condition and skill level, and I understand the types of injuries that may occur as a result of PNS activities and their potential impact on my well-being, lifestyle, and both current and potential future careers. **I hereby assert that my participation is voluntary and that I knowingly assume all inherent risks.**

**WAIVER OF LIABILITY FOR NEGLIGENCE:** In consideration of permission for myself and/or MINOR PARTICIPANT(S) to use the PNS property, facilities, and services, today and on all future dates, I, the ADULT PARTICIPANT, or MINOR PARTICIPANT(S) and/or RESPONSIBLE ADULT, on behalf of myself, my spouse, my heirs, personal representatives, assigns, or others making a claim on behalf of myself or a MINOR PARTICIPANT [hereafter referred to as *Releasing Parties*] **do hereby release, waive, discharge, and covenant not to sue** PNS, its owners, directors, officers, employees, members, lessors, lessees, volunteers, independent contractors, equipment providers, and agents, [hereafter referred to as *Protected Parties*] from liability from any and all claims arising from 1) the NEGLIGENCE of PNS or other *protected parties*, and/or from 2) the presence of myself and/or MINOR PARTICIPANT(S) on the premises of PNS.

This Assumption of Risk, Waiver of Liability, and Indemnification Agreement applies, but is not limited to, any and all of the following:

- Illnesses, personal injury (including death), and/or economic loss to the ADULT PARTICIPANT or MINOR PARTICIPANT(S) and/or RESPONSIBLE ADULT arising from participation in PNS activities (including, but not limited to instructional classes; private instruction; independent skiing, snowboarding, and snow tubing; use of ski lifts, rope tows, and surface conveyor lifts; competitive events; terrain parks; observation; individual use of facilities or equipment; locker room area; cafeteria area; ski rental area; retail shop; administrative area; restrooms; and all premises including the equipment/maintenance areas, sidewalks, steps, roadways and parking lots)
- Any and all claims resulting from the damage to, loss of, or theft of property.
- The release of PNS from any claims and rights that I and/or MINOR PARTICIPANT(S) 1) now have against PNS and/or 2) may have in the future against PNS.

**INDEMNIFICATION AGREEMENT:** I, the ADULT PARTICIPANT and/or RESPONSIBLE ADULT, **agree to hold harmless, defend, and indemnify** PNS and *Protected Parties* (that is, defend and pay any judgment and costs, including investigation costs, attorney's fees and related expenses) from any and all claims of the *Releasing Parties* arising from an injury or loss by myself or a MINOR PARTICIPANT due to our participation at PNS (including claims arising from the **inherent risks** of PNS activities and those arising from the NEGLIGENCE of PNS or *Protected Parties*).

**I further agree to hold harmless, defend, and indemnify** PNS and *Protected Parties* (that is, defend and pay any judgment and costs, including investigation costs and attorney's fees and related expenses) against any and all claims of co-participants, rescuers, and others arising from the conduct of myself or a MINOR PARTICIPANT in the course of our participation at PNS (including claims arising from the **inherent risks** of PNS activities and those arising from the NEGLIGENCE of PNS or *Protected Parties*).





# Equipment Rental Agreement

**Definitions:** RENTER - means the individual using the rental equipment. UNDERSIGNED - includes the RENTER, and when the RENTER is a Minor it includes such Minor RENTER's parent or legal guardian signing on behalf of himself/herself and on behalf of the Minor RENTER. PNS – Perfect North Slopes, Inc.

## EQUIPMENT RENTAL AGREEMENT

I, the UNDERSIGNED, will accept the responsibility for the use and care of the rental equipment and agree that:

- I will not use any rental equipment until I have received instruction on its use and fully understand the equipment's use and function.
- I will accept the rental equipment for use as-is, and care for it while it is in my possession.
- I will reimburse PNS, based on full retail value, for any loss, damage or unreasonable wear & tear of the rental equipment.
- I will use the rental equipment only for the purpose of participating in recreational snow sports activities.
- I will not remove the rental equipment from PNS premises.
- I will not allow anyone else to use the rental equipment issued to me.
- I will not use ski boots for snow tubing.
- I will stop using the rental equipment if it is not functioning properly and immediately return it for inspection, repair, adjustment, or replacement.
- I will stop using a rental helmet immediately, return it, & make a written report if there is 1) an incident while wearing the helmet or 2) the helmet is damaged.

### **Inherent Risks and Limitations of Rental Equipment:**

- As a RENTER of ski rental equipment, I, the UNDERSIGNED, understand there are **injury-prevention limitations of ski bindings**. I understand that although adjustments may be made, ski bindings will not release under all circumstances, nor is it possible to predict every situation in which they release, and are no guarantee of my safety. I further understand that ski bindings do not reduce the risk of any type of injury. I understand that providing inaccurate information regarding my height, weight, age, or skier type may increase risk of injury or death.
- As a RENTER of snowboard rental equipment, I, the UNDERSIGNED, understand there are **injury-prevention limitations of snowboard boot-binding systems**. I understand that snowboard boot-binding systems will not ordinarily release during use, nor are they specifically designed or intended to release as a result of forces during ordinary operation, and are therefore no guarantee of my safety.
- As a RENTER of a rental helmet, I, the UNDERSIGNED, understand there are **injury-prevention limitations of helmets**.
  - I understand that a helmet may help reduce or mitigate the severity of head injuries, but is no guarantee of my safety.
  - I understand that 1) a helmet has a limited shock absorption capability; 2) even when a helmet is worn, serious injury or death can result from both low and high-energy impacts, and 3) a helmet will not protect me against the unavoidable and inherent risks in recreational snow sports.
  - I understand 1) that the helmet does not protect against trauma to any other part of my body, including but not limited to my neck, face, and spine; and 2) that these limitations are unavoidable and are inherent risks of any activity in which the helmet will be used.
  - I understand that in order to function at its full capacity, the helmet must fit correctly. I understand that 1) when I fasten the chinstrap and shake my head there should be no significant movement of the helmet and 2) at rest, the helmet should feel comfortably snug. I assert that I will not accept the rental helmet unless I am satisfied that it does fit correctly.

**Acknowledgement of Understanding:** I, the RENTER or the Parent/Legal Guardian of the Minor RENTER, certify the following by my signature:

- I understand that RSS have inherent risks which 1) can result in injury or death and 2) cannot be eliminated; I recognize, understand, and freely assume those inherent risks including those that are related in any way to the use of rental equipment.
- I understand that equipment designed to reduce the incidence of injuries does not guarantee safety.
- I understand that Ski and Snowboard Bindings as well as helmets can malfunction and have limited injury-prevention value.
- I fully understand the limitations, function, and instructions regarding the correct use of the rental equipment.
- I agree to make no misrepresentations of my height, weight, age, or skier type, and understand that providing inaccurate information may increase my risk of injury or death.
- I agree that if any part of this agreement is found to be invalid or unenforceable, the remainder shall be given full force and effect. I further agree that only the laws of the State of Indiana shall apply in the construction or application of this agreement and that any legal action must be brought in the Circuit or Superior Court of Dearborn County or the United States District Court for the Southern District of Indiana.
- I have full legally binding authority and understand that these agreements are legally binding on myself and/or the Minor RENTER.

**I have read both this Equipment Rental Agreement and the signed Assumption of Risk/Waiver of Liability/Indemnification Agreement and fully understand the effect of these agreements. 1) I agree to the terms of these agreements; 2) I understand that the signed Assumption of Risk/Waiver of Liability/Indemnification Agreement also applies to the use of PNS rental equipment; and 3) I understand that I am releasing legal rights of mine and/or the Minor RENTER.**

I further acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be a **complete and unconditional release of all liability for myself and/or the Minor RENTER** due to 1) **negligence** by PNS and its owners, directors, officers, employees, members, lessors, lessees, volunteers, independent contractors, equipment providers, and agents; and/or 2) the **inherent risks** of RSS activities and the use of PNS rental equipment, to the greatest extent allowed by law in the State of Indiana. *Further, I assert that 1) I have explained the risks of RSS activities and use of rental equipment at PNS to the Minor RENTER; 2) he/she understands this Agreement; and 3) by our signatures below, we knowingly accept and assume the inherent risks of RSS activities and the risks of using rental equipment.*

\_\_\_\_\_  
Name of RENTER (Please Print)

\_\_\_\_\_  
Signature of RENTER

\_\_\_\_\_  
Date

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN of Minor RENTER (Please Print)

\_\_\_\_\_  
Signature of PARENT/LEGAL GUARDIAN of Minor RENTER

\_\_\_\_\_  
Date