

TASC for Teens, Inc.

540-937-8272 / tascskiandsnowboardtrips@gmail.com / www.tascforteens.com

TASC for Teens Ski & Snowboard Trip Registration (PLEASE PRINT IN INK)

NAME _____ AGE ___ / BIRTH DATE _____ / MALE ___ / FEMALE ___ GRADE ___

ADDRESS _____ CITY _____ STATE ___ ZIP _____

PRIMARY PH () _____ DAD ___ MOM ___ / SECONDARY PH () _____ DAD ___ MOM ___

TEXT # () _____ DAD ___ MOM ___

PARENT'S E-MAIL _____

STUDENT'S CELL PHONE _____ STUDENT'S EMAIL _____

EMERGENCY CONTACT: NAME _____ PHONE _____

ANY MEDICAL CONDITIONS? ___ YES / ___ NO / IF YES, PLEASE EXPLAIN: _____

ANY ALLERGIES? ___ YES / ___ NO / IF YES, PLEASE EXPLAIN: _____

TAKING ANY MEDICATION? ___ YES / ___ NO / IF YES, PLEASE EXPLAIN _____

ANY DIETARY RESTRICTIONS? ___ YES / ___ NO / IF YES, PLEASE EXPLAIN _____

ANY MEDICAL INSURANCE? ___ YES / ___ NO / IF YES, NAME INSURANCE COMPANY OR PROVIDER _____
POLICY # _____

DESCRIBE CURRENT PHYSICAL FITNESS AND LEVEL OF ACTIVITY: _____

TRIP SELECTED - _____ DATE OF TRIP - _____ **2018**

___ Skier or ___ Snowboarder / Skiing or Snowboarding Ability : ___ Beginner / ___ Novice / ___ Intermediate / ___ Advanced / ___ Expert

Years Skiing or Snowboarding ___ / Renting equipment at ski area? ___ Yes / ___ No / Renting helmet at ski area? ___ Yes, ___ No

Attached is Payment in full \$ _____ *Make Checks Payable to "TASC for Teens, Inc"*

PARENTS: I give permission for my son/daughter to participate in this trip. I understand that TASC for Teens, Inc. cannot be responsible for theft or damage to personal property or injury. I certify that my child is normally healthy and is physically able to participate. In case of emergency, the senior staff member has my permission to secure any emergency medical care deemed necessary by a licensed physician. I understand that I am personally responsible for payment of all hospital, doctor and medivac bills incurred in the event of my child's illness or injury. TASC offers an optional travel insurance policy available at extra cost. Call or e-mail TASC for an enrollment form. I understand and accept the non-refundable deposit conditions below. Although we cannot guarantee ideal mid-winter conditions, you can be assured if we operate the trip, there will be acceptable skiing & snowboarding with at least several trails open with good snow cover. TASC makes the final determination of acceptable conditions keeping in mind that we want our participants to have a good experience. Parent will be responsible for reimbursement of additional actual expenses if the trip is extended beyond the scheduled days because of circumstances that TASC cannot control such as, but not limited to, a major snowstorm or ice storm. I consent to and authorize TASC to use any photographs or video of my son or daughter named above taken while on the TASC Trip for use in TASC brochures, on the TASC website or any other promotion for TASC.

PARENTS & STUDENTS - The student agrees to abide by policies of TASC for Teens, Inc. and to cooperate with the leadership of the trip. TASC welcomes only well-behaved students who respect and follow the directions of the staff and any other authority during the trip. Videos / DVDs shown on the bus will be at the discretion of TASC for Teens. Skiers and snowboarders are expected to be respectful of one another. Alcoholic beverages, illegal drugs or related items, tobacco usage and gambling are prohibited. Shoplifting, theft, uncontrolled anger, profane or suggestive language / actions and disrespect for authority and/or TASC rules are unacceptable behaviors. Students will not engage in any activities that are judged by the staff to be dangerous to themselves or anyone else. If a student does not follow these policies, TASC reserves the right to dismiss the student from the trip without refund and demand that the parents immediately provide for his or her transportation home. Prior to leaving the trip, any property damage must be paid for in full by the parent of the student who caused the damage.

PARENT'S SIGNATURE _____ Date: _____

Skier or Snowboarder's Signature: _____ Date: _____

Complete, sign & return this form & attached Assumption of Risk with check payable to TASC for Teens for payment in full (non-refundable portion included). Send to; TASC for Teens, 5439 Countryside Circle, Jeffersonton, VA 22724. NON-REFUNDABLE PORTION; Day Trips - \$75 / Overnight Trips - \$195. Cancellations within 24 hours of trip departure & no shows forfeit additional \$25 - Days Trips / \$95 - overnight trips. No refund if skier/ snowboarder leaves trip before its completion. \$35 fee on returned checks.

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of TASC For Teens, Inc. DBA TASC for Teens & TASC Canadian Wilderness Fishing Camps, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "TASC"), I hereby agree to release, indemnify, and discharge TASC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in skiing and/or boarding activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: hidden obstacles by snow including crevasses, ice and snow cornices, tree wells, tree stumps, creeks rocks and boulders, below the snow surface; loss or damage to equipment being used; being lost or separated from their guides or companions by traveling in forested areas, rugged terrain, or bad weather; exposure to altitude and cold including hypothermia, frostbite, acute mountain sickness, exhaustion, cerebral and pulmonary edema; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; my own physical condition, and the physical exertion associated with this activity. Weather and altitude can be extreme and can change rapidly without warning. The areas may not have been traveled previously and are not regularly patrolled. Natural forces including steepness of slopes, snow depth, instability of snow pack or varying and difficult weather and snow conditions may cause avalanches. Communication in this mountain terrain is always difficult and in the event of an accident, rescue and medical treatment may not be immediately available.

Furthermore, TASC employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, other environmental conditions. They might misjudge whether the terrain is safe for travel or where or when an avalanche may occur. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless TASC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of TASC's equipment or facilities, **including any such claims which allege negligent acts or omissions of TASC.**

4. Should TASC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have. In the event of my death or incapacity, this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assignees and representatives.

6. In the event that I file a lawsuit against TASC, I agree to do so solely in the state of Virginia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against TASC on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name _____ Phone Number _____

Address _____ City _____

State _____ Zip _____ Email _____

Signature of Participant _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by TASC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless TASC from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____