

Trip Permission Slip

Child's Name: _____

Trip to: Ski Liberty, Liberty Mountain Resort, Carroll Valley, Pennsylvania

Trip Date: February 17, 2002

Departure Time: 7:00 a.m.

Return Time: 6:30 p.m.

Transportation: Church Van and Private Vehicles

Sponsor: Community Praise Seventy-day Adventist Church Pathfinder Club

Cost: Learn to Ski or Snowboard: \$54.00

- This includes a lift ticket for the easier hills on the mountain, rental ski/snowboard equipment, and a Beginner class lesson. This is for those who have never skied or snowboarded before. (If you've skied before, but plan to snowboard on this trip, this is for you.)

All Mountain Package: \$65.00

- This includes a lift ticket for all lifts/trails, rental ski/snowboard equipment, and a lesson at the skier's ability level.

Lunch is not included in the packages!!!

Lunch is available for the group rate of \$6.50 per person, and must be paid at the time we register. Lunch options include:

#1	#2	#3
Cheeseburger	Cup soup or chili	Personal pizza
French fries	Tossed salad	Bag of chips
Medium drink	Medium drink	Medium drink
Grandma's cookie	Grandma's cookie	Grandma's cookie

My child has my permission to go on the aforementioned trip. I understand the arrangements and give my permission to attend. I also agree to indemnify and hold harmless the sponsoring institute, Potomac Conference of Seventh-day Adventists and sponsors from liability arising from any accident or injury occurring during this trip. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility among the church, student, and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of church accident insurance, which covers church-sponsored activities.

In the event of sudden illness or accident requiring attention, my child has permission to obtain emergency medical services. During the trip, I can be reached at the following number(s):

Home: () _____ Work: () _____ Other: () _____

Please indicate any medical problems, allergies or medications:

Signature of Parent/Guardian

Date