Summer Stretch Registration

For youth entering 7-9th grade.

Thursdays during the summer from 8-4:30 p.m.

 $\frac{1}{2}$ day service projects (Second Harvest Heartland, Community Homestead, Luther Point & more) $\frac{1}{2}$ day fun (Big Thrill Factory, Trollhaugen, mini golf, Luther Point, & more)

Registration is due on or before Sunday May 6th.

(Late registrations may be denied due to necessary pre-arrangements for transportation and event registration.)

Student's Name			
Address			
City/State/Zip			
Parent/Guardian Name(s) _			·
Email Address			
Phone/Emergency Contact N	Number	Schoo	l & Grade in Fall 2017
T-Shirt Size ((circle one) S M L	XL 2XL 3XL	(these are adult sizes)
will need to know what trans important! Thank you for yo Please circle any dates that yo July 12 th July 19 th	sportation capacity is ne ur understanding. u will <u>NOT</u> be attending S ⁻ July 26 th Aug 2 rd	eded for each da tretch: (due to car Aug 9 th (Valley Fo	air or Great Wolf Waterpark Day)
	our day and the number	of students you	required to chaperone for at least u will be able to transport. —
Registration requires: 1) This form 2) a Peace yearly med. Relec 3) Event forms 4) \$110 returned to the Oft		hurch by May 6 th	'. Thanks!
Cost of Summer Stretch is Checks made out to Peace L Questions: Contact Pastor i 566-0784 or mlward2001@i	\$110 per youth, which co utheran Church. Memo: o Melissa (715-755-2515 o <u>msn.com</u>)	overs all lunches, child's name/sumi or <u>plcyouthpastor</u>	snacks, t-shirt, and activities. mer stretch. <u>'@gmail.com</u>) or Michelle Ward (715-
Office Use Only: Amt Pd	Type of no	vment	Check #

			,

PEACE LUTHERAN CHURCH

Medical Release and Permission Form Valid from September 2017 – August 2018

Name:	Birthdate:		
Address:(Street/P.O. Box/City/State/Zip Code)			
Student Phone: (home) (cell	()		
Parent Email:			
Year in School: Male	e: Female:		
Mother's Name:			
Cell Phone: Work			
Father's Name:			
Cell Phone: Work	:		
Emergency Contact:	_ (if parents cannot be reached)		
Phone:	_		
Medical Insurance Co:			
Doctor/Clinic:	_ Phone:		
Dentist:	Phone:		
Please check the following areas:			
1. For your child's safety and our knowledge, if your o	non-swimmer		
2. Does your child have allergies? Please describe:			
 Does your child have or is he/she being treated for Asthma Epilepsy/Seizures 			
Frequently upset stomach or headaches			
4. Please list and explain any major illnesses your chi			
5. Does your child wear: glasses	contact lenses		
6. Date of last tetanus shot:			
7. Medications/Dosage (if any):			

Note: if necessary, describe in detail the nature and severity of any physical and or psychological ailment, illness, limitation, handicap, disability or condition to which your child is subject that the staff should be aware of. Submit this notification in writing and attach it to this form.

Medical Release and Permission Form Page two

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff and adult leaders
- Respect and comply with event schedules and use of cell phones

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission

to participate in youth group activities. I agree to abide by the state personal limitations and code of conduct. Student signature: _____ Date: _____ Activities may include: cookouts, swimming, basketball, rollerskating, volleyball, camping, skiing, snow tubing, hiking, concerts, Bible studies, miniature golf, hayrides. Note: If you wish to limit your child's participation in any event, please submit your wishes in writing to the church office. _____ (student's name), has my permission to attend all youth activities sponsored by Peace Lutheran Church. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Peace Lutheran and its staff of any liability against personal losses of named child. I/We, the undersigned, have legal custody of the student named above, and have given our consent for him/her to attend events being organized by Peace Lutheran Church. We hereby release the church, staff, and volunteer workers from any liability for any injury, loss or damage to person or property that may occur during the course of the child's involvement. I/We also agree to bring the student home at our expense should he/she become ill or if deemed necessary by a Peace Lutheran staff member or volunteer. Parent/guardian signature:

Second Harvest Heartland: Waiver, Release and Confidentiality Agreement

I hereby release, indemnify and hold harmless Second Harvest Heartland, its officers, employees, successors, assigns, legal representatives, organizer, sponsors and supervisors of its activities, from any and all claims, causes of actions and liability arising from or in any way connected with my volunteer participation

insurance coverage for any slipping or falling; transporting and lifting; travel to or from the volunteer site; exposure to allergens in the environment including I further understand that I am expressly assuming all risk, including but not limited to all risk of injury associated with my volunteer participation at Second considered an employee of Second Harvest Heartland and therefore am not covered by Second Harvest Heartland's Workers' Compensation policy. Second Harvest Heartland or in Food Bank activities conducted off-site. I hereby expressly and specifically assume the risk of injury or harm in the Activities and food and nuts; forklifts and other light industrial equipment; and, general risks associated with a warehouse environment. I further understand I am not release released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other Harvest Heartland is not responsible for lost or stolen items.

systems, donors, volunteers, clients and prospective clients, revenues, reimbursements, suppliers, personnel, pricing policies, operational methods, technical connection with carrying out its mission. "Confidential and proprietary information" includes, but is not limited to, information about computer programs or I further understand that Second Harvest Heartland has developed and uses and will be developing and using confidential and proprietary information in processes and other business affairs and methods, plans for future developments and other information which is not readily available to the public

name, likeness, image, voice and performance on film, tape or otherwise ("Material"). I agree that the materials may be edited as desired and used in whole or in part in any form, format, manner or media, now known or hereafter devised, for any distribution purpose, throughout the world in perpetuity. I understand and agree that the Materials may be used in any materials or project at Second Harvest Heartland's sole discretion. I understand that I have no rights to the Project, Materials and any I further understand, for good and valuable consideration, I hereby authorize Second Harvest Heartland, its partners, Feeding America, and news media to record my other products or benefits derived therefrom. I expressly release Second Harvest Heartland from any and all claims arising out of the use of the Materials. I further understand that during and after my term of volunteering with Second Harvest Heartland: I shall keep secret all confidential and proprietary information and not reveal or disclose it to anyone outside of Second Harvest Heartland; I shall keep confidential all information related to volunteers, donors, clients, and employees; I shall not make use of any such confidential and proprietary information for my own purposes or the benefit of anyone other than Second Harvest Heartland. I represent that I have the right to enter into this Agreement and that my participation and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

	Vo:140 Section	
the understaned arent permission for my child.		to volunteer on behalf of Second Harvest Heartland
	(print child's full name here)	
acknowledge that I have read and understand the inform	ormation above and am voluntarily executin	ation above and am voluntarily executing this release on behalf of my child or guardian.
Printed parent/guardian name:	Signature:	Date:
Emergency Phone:	Email:	Child DOB:

		E.



Aerial Adventure Park/Zip Line/Aerial Challenge Course ACKNOWLEDGE OF RISKS AND HAZARDS, LIABILITY RELEASE AND AGREEMENT NOT TO SUE Please Read Carefully before signing. This is a legal document and a release of legal rights

A. ACKNOWLEDGMENT OF RISKS.

Description of Trollhaugen Aerial Adventure Park: Activities provide opportunities for adventure recreation and environmental education. Trollhaugen Aerial Adventure Park includes zip lines, aerial challenge course, hiking trails, stairways, and other related activities (collectively, "Activities"). Zip lines are high cable traverses using safety harnesses and associated hardware. Participants wear safety harnesses clipped onto overhead steel cables with attached safety lanyards. The tour will be led by a guide trained to lead participants toward their desired recreational and educational outcomes. Aerial challenge course is an obstacle course where participants are clipped onto a continuous cable circuit at varying heights. The course is not tour guided but will be monitored by trained staff. All equipment will be fitted and checked by the staff, progress throughout the activities will be monitored, and all equipment transfers will be performed by staff.

Medical Concerns: The Trollhaugen Aerial Adventure Park is designed for use by participants of average mobility and strength who are in reasonably good health. Obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, arthritis, tendonitis, or other joint and muscular-skeletal problems may impair the safety and wellbeing of participants on the course; as might other medical, physical, psychological, and psychiatric problems. All such conditions may increase the inherent risks of the experience and cause the participant to be a danger to themselves and others. Participants with underlying medical problems that put them at a greater risk of injury or illness during activities at Trollhaugen Aerial Adventure Park must carefully consider those risks before choosing to participate and must fully inform the staff, in writing, prior to the beginning of the tour. Trollhaugen, Inc. reserves the right to exclude any applicant from participation for medical, safety, or any other reason.

Inherent and Other Risk and Hazards: Serious injuries are uncommon in Trollhaugen Aerial Adventure Park activities, but the risk of injury or death exists. These risks and dangers are obvious and necessary to participate in the Activities and include but are not limited to:

- unwelcome/inadvertent touching
- panic, psychological trauma (such as fear of heights)
- falling, slipping, jolting, jarring or shaking
- · uneven and/or slippery ground or track conditions, high elevation
- · adverse weather conditions, natural elements
- encounters with plants, insects, or animals (including bites/stings)
- collision with other participants or man-made or natural objects
- carelessness and misjudgments on the part of participants and staff, including failing to follow proper procedures, instructions, and operating policies
- rocks, trees, cliffs, ledges, stumps and other forms of forest growth or debris
- equipment failure, malfunction, or improper use of equipment
- my health condition, physical exertion, dehydration, fatigue, anxieties, dizziness
- other risks and dangers that can reasonably be inferred from other risks and dangers listed here

Having staff present does not reduce the amount or severity of the risks or hazards of these Activities. There may be other risks not known or reasonably foreseen at this time. I understand that if I violate any Activity rules I may have my pass revoked without refund. I understand that I am making a voluntary choice to participate in the Activities even though there are risks and dangers.

B. RELEASE OF LIABILITY.

In consideration of being permitted to participate in Trollhaugen Aerial Adventure Park activities, I HEREBY FULLY AND FOREVER RELEASE AND DISCHARGE Trollhaugen, Inc., its owners, officers, shareholders, agents, and employees (hereinafter the TROLLHAUGEN MOUNTAIN RELEASEES) from any liability resulting from personal injury to myself, including paralysis or death, which is caused by any BREACH OF ANY EXPRESS OR IMPLIED WARRANTY or any NEGLIGENT ACT OR OMISSION of any TROLLHAUGEN MOUNTAIN RELEASEE, including:

- the risk of falls and collisions with other participants or fixed objects;
- · the selection of the equipment utilized by Trollhaugen Aerial Adventure Park in the Activities;
- the location, height, and tensioning of the cables;
- the adjustment of ropes and harnesses utilized in the Activities;
- · the furnishing or failing to furnish safety equipment, including helmets, elbow pads, and other body armor;
- · instructions or warnings given or not given to me concerning my participation in the Activities; and
- · conditions on the ground, including rocks, sticks, trees and their limbs, ravines, holes, mud, water, gravel, steepness, and pitch.



Aerial Adventure Park/Zip Line/Aerial Challenge Course ACKNOWLEDGE OF RISKS AND HAZARDS, LIABILITY RELEASE AND AGREEMENT NOT TO SUE Please Read Carefully before signing. This is a legal document and a release of legal rights PAGE 2 OF 2

Age:

I accept full responsibility for any injuries or damages resulting from my participation in Trollhaugen Aerial Adventure Park Activities and hereby **HOLD HARMLESS** the TROLLHAUGEN MOUNTAIN RELEASEES from any injury sustained by me, including paralysis or death, while participating in Trollhaugen Aerial Adventure Park Activities, and I agree not to bring any action or lawsuit against the TROLLHAUGEN MOUNTAIN RELEASEES for any injuries or damages.

I understand that for a fee of \$25.00 in addition to the normal recreational fee, Trollhaugen offers an optional Activities Agreement that does not require me to sign a release of liability and in signing this Release of Liability, I acknowledge I am aware of this option offered by Trollhaugen and hereby waive my right to purchase the same.

In accordance with Wisconsin law, nothing in this Release should be construed as releasing, discharging, or waiving any claims I might have for reckless or intentional acts on the part of any TROLLHAUGEN MOUNTAIN RELEASEE.

In the event I am signing as a parent or guardian of a minor, I represent I have fully authority to do so, realizing this Release of Liability is binding upon the minor as well as myself.

I HAVE CAREFULLY READ THIS ZIPLINE ADVENTURES RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS RELEASE OF LIABILITY, I

AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE TROLLHAUGEN, INC., ITS OWNERS, OFFICERS, SHAREHOLDERS, INSTRUCTORS, AGENTS, OR EMPLOYEES FOR CERTAIN CLAIMS.

C. PHOTOGRAPHY/USE OF IMAGES

I agree that Trollhaugen Inc. may photograph and records me and may display, distribute, creative derivatives, exhibit, edit, advertise, publicize, promote and use aforementioned photographs or recordings in connection with the Activities. I waive any personal or proprietary rights with respect thereto. I represent and warrant to Trollhaugen Inc. that I have not made and contract or commitment in conflict with this grant and that I will seek no further consideration for any use contemplated by the Section C.

CAUTION: READ BOTH SIDES BEFORE SIGNING! THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND WILL BAR YOUR RIGHT TO SUE!

Adult Participant: (Please Print)

Address:		City:	State:	Zip Code:
Phone:	Email:			
Participant's Signature:			Date:	
Minor Participants (under age 18):				
Print Name:	Age:	Print Name:		Age:
Print Name:Print Name:	Age:	Print Name:		Age: Age:
For Participants Under 18 years of Age by signing this agreement on behalf of TROLLHAUGEN MOUNTAIN RELEASEES activities or the Minor(s)'s presence of capacity or authority to execute this agreement of the Activities of the Minor(s)'s participation in the Activities.	the Minor(s), the Minor(s) and of for any claim or suit arising out n premises. If I am not the pare greement on behalf on the Mino ainst them as a reslt of any injur	I agree to be bound by its te of the Minor(s)'s participat nt or legal guardian of the M or(s), then I agree to indemn	rms. I hereby a ion in the Activi Iinor(s), or I did ify the TROLLHA	gree to indemnify the ities and their related not have the legal AUGEN MOUNTAIN
Signature (Parent/Guardian):			Date:	
Print Name (Parent/Guardian):				

Luther Point Bible Camp

General Waiver and Release of Liability

I HEREBY GIVE THE CAMP STAFF PERMISSION TO SEEK MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR INJURY. I AGREE THAT THE CAMP OR ITS PERSONNEL WILL NOT BE HELD RESPONSIBLE FOR ACCIDENTS OR INJURY ARISING THEREFROM. I AM AWARE THAT ACTIVITIES AT CAMP MAY INCLUDE LARGE GROUP GAMES, CAMPFIRE AND OTHER PHYSICAL ACTIVITIES. LUTHER POINT ASSUMES SECONDARY INSURANCE COVERAGE WITH THE PARTICIPANT'S FAMILY ASSUMING PRIMARY COVERAGE. I ALSO GIVE PERMISSION FOR MY PICTURE TO BE USED FOR CAMP PUBLICITY PURPOSES. MY SIGNATURE BELOW SIGNIFIES MY UNDERSTANDING AND AGREEMENT WITH THE ABOVE STATEMENT.

Name of Participant:	
Date of Activity at Luther Point:	P-1000-
Legal Guardian's Name:	
Signature of Participant's Legal Guardian:	