

Revolution Ski Trip

Thursday, March 11th – Sunday, March 14th
Centennial, Wyoming

Cost: \$275-350 (depending on age and equipment needs) plus money for 2 meals and spending money.

January 17th: Online Registration, Acknowledgement of Risk form, Medical Release form, and deposit of \$50.00 *non-refundable due

February 28th: Final payment due

***Refund Exception:** If for any reason, Hillcrest E-Free or Table in the Wilderness are forced to cancel the trip, all deposits will be refunded.

Registration Instructions

STEP 1: Complete the attached Camper's Acknowledgement of Risk from

STEP 2: Ski Resort Registration Form

Go to <https://forms.gle/84ZHDpMarUDR8LpZ9>

***Please put Hillcrest EFC in the group name section.**

STEP 3: Ski Resort Liability Waiver

Go to <https://waiver.smartwaiver.com/w/587565356e9d6/web/>

Step 4: Once you've completed the online portion of your registration, please turn in your Camper's Acknowledgement of Risk form and your \$50 deposit to the church office or Pastor Zach by January 28th.

NOTE: If you have NOT updated your medical release form for the 2020-21 school year, please turn that in as well.



Camper's Acknowledgment of Risk

There are significant elements of risk in any adventure, sport, activity or training associated with trekking, hiking, mountaineering, walking on glaciated terrain or surfaces (referred to herein as "activity"), and the use of any equipment. In consideration of the services of TABLE IN THE WILDERNESS MINISTRIES, their officers, agents, and employees, and all other persons or entities associated with this business (herein collectively referred to as the "concessionaire"), I agree as follows: Although the concessionaire has taken reasonable steps to provide you with appropriate equipment and/or skilled guides so you can enjoy an activity for which you may not be skilled, we wish to remind you that this activity still has risks. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to your equipment, or accidental injury, illness or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect, and to be informed of the inherent risks. The following describes some, but not all, of those risks.

- Falls
- Heat related illnesses including heat exhaustion and heat stroke
- River crossings, fording, or travel including travel to or from the activity
- Risk associated with crossing, climbing, or down climbing rock snow, and/or ice.
- Impaired sense of balance, physical coordination, and ability to follow instructions, and the actions of other climbers
- Cold weather related injuries including hypothermia and frostbite, which may result in loss of limbs, digits, and/or permanent scarring
- Altitude related sicknesses including acute mountain sickness, pulmonary edema, cerebral edema and or retinal hemorrhage
- Avalanche, rock fall, crevasse fall, inclement weather, high winds, and severe cold
- Equipment failure
- Accidents or illnesses occurring in remote places where there are no available medical facilities

I am aware that this activity entails risks of injury or death to myself. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness, or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My participation in this activity is purely voluntary. No one is forcing me to participate, and I elect to participate in spite of these risks. I possess at least the following qualifications, which I understand are prerequisites to participate in this activity:

I am (we are) physically and mentally capable of participating in this activity and/or using the equipment

I am (we are) safety conscious and acknowledge that wearing a UIAA approved helmet may be a basic safety precaution with respect to preventing head injury while rock climbing, rock face climbing, or rappelling

I acknowledge that if, during the activity, I/we experience fatigue, chill and/or dizziness, my/our reaction time may be diminished and the risk of accident increased I certify that I am (we are) fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including any minor children for which I am responsible, for bodily injury, accidents, illness, death, loss of personal property, and expenses thereof as a result of those inherent risks and dangers, and of my/our negligence in participating in this activity.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be binding upon myself, my heirs, assigns, personal representative, and estate, and for all members of my family including any minors accompanying me.

Participant's Signature	Date	Parent/Guardian Signature (if under 21)	Date
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Media Release

I understand that Table in the Wilderness Camp reserves the right to use any audio, video and/or photographs of any camper or guest participating in any Table-facilitated event for promotional or marketing purposes.

Participant's Signature	Date	Parent/Guardian Signature (if under 21)	Date
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**Please return to Table in the Wilderness
P.O. Box 151 Centennial, WY 82055 – Phone - TWM Lodge (307) 745-3055
twmcamp@gmail.com, www.twmcamp.net**

Hillcrest Evangelical Free Church Medical/Photo Release

(Please Print)

Participant's Full Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Parents/Guardians _____ Parent's/Guardian's Email _____

Parent's/Guardian's Phone _____ Add'l. Parent's/Guardian's Phone _____

Do we have permission to give your child access to Ibuprofen Yes ___ No ___ Tylenol Yes ___ No ___

In the case of an allergic reaction, do we have permission to give your child Benadryl Yes ___ No ___

Insurance Co. _____ Policy No. _____ Group No. _____

Please note any medical conditions, food or medication allergies or any other allergies here:

List medications taken regularly:

In the event that I cannot be contacted during an emergency, the best available alternate contact is:

Name _____ Phone _____ Relationship _____

PERMISSION, ACKNOWLEDGEMENT, RELEASE

We, the undersigned parents/guardians of the above named youth, grant permission for the youth to participate in the various outings, or any other event sponsored or attended by Hillcrest Evangelical Free Church. We as parents/guardians, have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in the those activates.

We as parents/guardians, understand that this activity, as in any activity for young people, does present the risk of injury, or even death, to the participant, rare as they may be, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend the indemnify you, your agents, employees and representatives against any claim or liability arising as a result of such contact.

If we, as parents/guardians, are not personally present at these activities, Hillcrest Evangelical Free Church is authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and wellbeing of the participant. We authorize you to transport our child in the church van, rental vehicles, or automobiles provided. We further more give permission for adult volunteers to confront and take appropriate measures necessary if our child refuses to abide by the rules, safety guidelines, curfew or authorities present.

I understand this agreement and by signing below agree to the above terms.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

I/We, the undersigned grant Hillcrest Evangelical Free Church permission to use photographs/video of the above named youth, in its publications (weekly emails, bulletin inserts, slideshows, promotional material, the HEFC website, and social media outlets.

Parent/Guardian Signature _____ Date _____

UPDATING INFORMATION

If the information above is correct and up to date, please initial and date below. If any information is incorrect, please request a new form.

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____