



P. O. Box 317
Government Camp, OR 97028
Phone/Fax 503-337-2230

OFFICIAL RECEIPT AND CONFIRMATION FOR
OREGON HIGH SCHOOL WINTER BREAK SKI CAMP 2014

Thank you for registering for the Oregon High School Winter Break Ski Camp to be held at Timberline Lodge on December 20-22, 2014. The balance of the coaching fee/Lodging fee/Transportation fee is due on or prior to December 20, 2014 (or Dec. 21 or Dec. 22, if you are only training with us after day 1).

Enclosed is a Questionnaire and a Medical and a Liability Release. Each requires your signature and the signature of your parent or guardian. Please also fill out Timberline release forms as well, even if you already filled out those same forms for your high school team. Sign everything and return them all as soon as possible. We need the forms before you begin training.

ARRIVALS

Training will begin on Saturday, December 20 at 9:00am at Timberline Lodge in the Wy'East Day lodge near the fireplace. Please be on time. If you are staying at **The Lodges at Salmon River Meadows**, you can come early that morning and drop off your luggage before skiing. The Lodges is 5 miles south of Government Camp on Hwy 26 next to the Chevron gas station.

If you haven't done so already, we will need you to call us and confirm your Lodging with us prior to December 20 as space is at a premium. The cost for lodging is \$45.00 per night, which includes lodging and dinner/breakfast. There is an extra fee (\$10) for transportation to and from Timberline if you do not have your own transportation.

DEPARTURES

Training will end around 3:00 PM on Monday, December 22. You can have your parents meet you at Timberline Lodge.

LIFT TICKETS:

Lift Tickets are NOT included in the coaching fee. Participants will need to purchase their own lift tickets or use their season pass or Fusion Pass.

Sincerely,

Mike Annett, Director
Mt. Hood Summer Ski Camps, Inc.

OREGON HIGH SCHOOL WINTER BREAK CAMP 2014
QUESTIONNAIRE AND MEDICAL RELEASE

NAME _____ SEX _____ BIRTHDATE _____

ADDRESS _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Name of parent or guardian (or person to contact in emergency): _____

Mom _____ TELEPHONE(____) _____

Dad _____ TELEPHONE(____) _____

MEDICAL AND HEALTH INFORMATION

****Each camp participant must have his own health and accident insurance.****

Medical insurance plan _____ Policy # _____

Social Security number of policy holder _____

Family Doctor _____ Phone # _____

Are you allergic to any medication? YES _____ NO _____ Which one? _____

Any other allergies? _____

Are you currently taking any medication? YES _____ NO _____ What? _____

Are you currently in rehabilitation for any injuries? YES _____ NO _____
(If yes, include Doctor's release)

Date of last tetanus shot. _____

MEDICAL RELEASE:

I hereby grant permission for the directors of Oregon High School Winter Break Ski Camp to obtain emergency medical treatment and surgery for _____ in case of injury or illness. I recognize that all possible attempts shall be made to contact me.

Date: _____

Signature of camper or parent if under 18



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SKI CAMP RELEASE OF LIABILITY

1. I am aware that skiing, rock climbing, hiking and ski mountaineering are hazardous sports that include certain risks and dangers, including the risk of serious injury to me. I voluntarily accept full responsibility for all risks involved, including risks inherent in the ski area/mountain environment.
2. I accept my responsibility to ski safely at all times, to abide by the Skier Responsibility Code, and to obey all posted behavior notices and any other ski area rules and policies. Any equipment I use while skiing, I use at my own risk.
3. I agree to **RELEASE, HOLD HARMLESS, and INDEMNIFY** Mt. Hood Summer Ski Camp, Inc., and any of (their/its) employees, agents, contractors, subsidiaries, officers or owners from all claims for injury or damage resulting from any cause, including but not to exceed ordinary negligence as allowed by the state of Oregon, which arises out of participation in or travel to and from Mt. Hood Summer Ski Camp. This release is also binding as to any other persons, including all family members, heirs, and executors.
4. If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in or travel to and from Mt. Hood Summer Ski Camp. I also agree to **RELEASE, HOLD HARMLESS, and INDEMNIFY** Mt. Hood Summer Ski Camp for any claims brought by or on behalf of the minor.
5. This release does not apply to gross negligence or intentional acts.

STUDENT

DATE _____

PARENT OR LEGAL GUARDIAN IF UNDER 18



TIMBERLINE LODGE & SKI AREA AGREEMENT OF RELEASE AND INDEMNITY 2014
For Mt Hood Summer Ski Camps, Inc.

Participant: _____ Age: _____ Phone: _____

Address: _____

Please read carefully! This is a release of liability and waiver of certain rights.

I understand that skiing, snowboarding, snowskating, bicycling, racing, the use of chairlifts, sports event production, sports events, snowmobiles, snowcats, vehicle shuttle transportation, and any other sports of related activities, including training for such activities (collectively referred to as "Sports Activities") are hazardous and that injuries are common. I have made a voluntary choice to participate in such Sports Activities (or to allow my child to do so) despite the risks that they present. I hereby voluntarily agree to assume all risks associated with sports Activities.

In consideration for lift access, participation in Sports Activities, and the use of any other area facilities, premises, or equipment, I hereby agree to release, hold harmless, and indemnify R.L.K. and Company, dba Timberline Ski Area and its directors, officers, employees, affiliates, contractors, volunteers, organizers, sponsors, and agents (referred to as "Timberline") from any and all claims by me or on my behalf against Timberline arising directly or indirectly out of my participation in Sports Activities and/or the use of any area facilities, premises, or equipment. This release includes claims and liabilities arising from any cause whatsoever, including, but not limited to, negligence on the part of Timberline. I also agree to indemnify (including costs and attorney fees) Timberline for any claim brought on behalf of any minor Participant

I agree to abide by the Skier Responsibility Code, ORS 30.970, and any rules, regulations, directions, signage, warnings, and/or orders of Timberline Ski Area. If I do not, I understand that Timberline Ski Area can revoke my sporting activities privileges.

In the event of any claims or litigation arising out of or in connection with participation in any activity at Timberline Ski Area, the venue for legal proceeding shall be Clackamas County, Oregon. If any term is declared to be invalid hereunder, the remaining terms of this Agreement shall continue to be enforceable. This Agreement is governed by Oregon law.

I hereby irrevocably grant and convey to 'RLK and Company' all right, title and interest in and to record my name, image, voice, statements and/or writings including any and all photographic images and video or audio recordings at Timberline Lodge and Ski Area. I further irrevocably grant to RLK and Company, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium, including posting on the Internet and World Wide Web, for educational, promotional, advertising, or other purposes without limitation consistent with the mission of Timberline Lodge and Ski Area. I agree that all intellectual property rights to the sound, still, or moving images belong to RLK and Company. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds or other benefits derived from such photo graphs or recordings.

I have carefully read and understand this Agreement and all of its terms. I understand that this is a release. I enter into this Agreement voluntarily and understand that it is binding upon me and my heirs and representatives.

Participant: _____ Signature **X** _____

Date _____

PARENT OR GUARDIAN OF PARTICIPANT (must be signed by parent or legal guardian if Participant is under eighteen (18) years of age.)
AS PARENT OR GUARDIAN OF THE NAMED PARTICIPANT, I HEREBY AGREE TO THE INDEMNITY PROVISIONS REFERRED TO ABOVE AND I WILL BE RESPONSIBLE FOR THE PAYMENT OF ANY MEDICAL EXPENSES INCURRED BY THIS MINOR

Parent or Guardian Name _____ Signature **X** _____

Emergency Contact Phone Number _____