



# Antiochian Village Winter Camp

## Camper Information

### January 15–18 and February 12–15, 2010



for campers in Grades 7-12  
Please mail this form along with the Snowtube Release Form  
at least two weeks prior to Winter Camp to the following address:  
Antiochian Village, 201 Saint Ignatius Trail, Bolivar, PA 15923

Name: \_\_\_\_\_ Birth Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First M.I. Last Month Day Year

Address: \_\_\_\_\_ Grade in School \_\_\_\_\_  
Street (include Apt. No.)

\_\_\_\_\_  Female  Male  
City State/Province ZIP

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone No.: (\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_) \_\_\_\_\_ (Mobile)

Other Emergency Contact: \_\_\_\_\_ Emergency Phone No.: (\_\_\_\_) \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ In Whose Name is the Insurance \_\_\_\_\_

Family Doctor \_\_\_\_\_ City/Town \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Allergies (food or other): \_\_\_\_\_

**Please Check One Session:**  January 15-18 (Session I)  February 12-15 (Session II)

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#### PARENT AUTHORIZATION AND MEDICAL CONSENT

I hereby give permission to the Antiochian Village to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Antiochian Village to secure and administer treatment, including hospitalization, for the person named above.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for any expenses not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by the Antiochian Village and its agents during Winter Camp. I also give permission to the Antiochian Village to provide transportation for my child to the designated location for Snow Tubing. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Antiochian Orthodox Christian Archdiocese, the Antiochian Village, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I agree that my child will abide by all the rules and guidelines set forth by the Antiochian Village for the safety and good health of the campers at the Winter Camp. I also agree that if my child has to return home early due to discipline violations, it will be at my own expense.

I hereby agree to indemnify and hold harmless, the Antiochian Orthodox Christian Archdiocese, the Antiochian Village, their clergy, officers, directors, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me, my child or on my behalf or on my child's behalf or by anyone else as a result of any accident or injury occurring to me or my child.

Print Name \_\_\_\_\_ Camper Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NON-DISCRIMINATORY NOTICE: The Antiochian Village does not and will not discriminate against any student, employee, or other person because of race, color, religious creed, ancestry, national origin, age, sex, veteran's status, or disability.



SNOWTUBING
ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY,
AGREEMENT NOT TO SUE, AND INDEMNITY

Please Read Carefully Before Signing. This Agreement is a Release of Liability.

I, the undersigned, understand and acknowledge that snowtubing, along with the use of lifts and/or tows, is a dangerous activity with inherent and other risks. Such risks include, but are not limited to:

- Variations in steepness and configuration of the snowtubing chutes and run out areas;
• Variations in the surface including slush, hard pack, ice, and icy conditions;
• Fences and/or barriers at or along the snowtubing area, or in absence of such fences and/or barriers, and the inability of fences and/or barriers to prevent or reduce injury;
• Changes in the speed at which snowtubers travel depending on surface conditions, the weight of snowtubers and the interlocking of snowtubes together to go down the snowtube runs;
• Chances that a person can fall off, be thrown out, or otherwise leave the snowtube;
• Chances that a snowtuber can go from one run into another run, regardless of whether or not there is a barrier between runs, and the chance that a snowtuber can go up and down the runout;
• Chances that a snowtuber can go up the runout and then slide back into the general runout area;
• Collisions in the runout area and other locations of the snowtubing facility, attendants between snowtubing patrons who may or may not be in or on a snowtube at the time of the collision and other sources of collisions, including but not necessarily limited to collisions with fixed objects, obstacles or structures located within or outside of the snowtubing facility;
• The use of the snowtubing lifts or tows, including falling out of the tube backwards, becoming entangled with equipment and other risks.

I acknowledge and understand that, in addition, snowtubes all end up in a common runout area at various times and speeds and that it is my responsibility to avoid hitting another snowtuber, and to avoid being hit by another snowtuber, but that notwithstanding these efforts, by myself and other snowtubers, there is a risk of collision.

I acknowledge and accept all such risks, inherent and otherwise, and the danger of such injuries, including injuries resulting from negligence and/or carelessness of Buncher Resort & Hospitality Group, LLC, The Buncher Company, and their owners, agents, employees, and any other persons or organizations affiliated therewith (hereinafter "Hidden Valley Resort"), or fellow snowtubers or persons in the snowtube area.

I agree and understand that snowtubing is a purely, voluntary, recreational activity and that IF I AM NOT WILLING TO ACKNOWLEDGE ALL RISKS AND AGREE NOT TO SUE, I SHOULD NOT PARTICIPATE IN SNOWTUBING.

In consideration of the all of the above, and in consideration of my voluntary participation, I AGREE NOT TO SUE AND, AS SUCH, RELEASE HIDDEN VALLEY RESORT FROM ANY AND ALL LIABILITY REGARDLESS OF ANY NEGLIGENCE OR CARELESSNESS ON THE PART OF HIDDEN VALLEY RESORT.

I further agree to hold harmless Hidden Valley Resort, for any loss, liability, damage, or cost of any kind, as a result of any injury to myself, to any member of my family, or to any person for whom I am signing this agreement, regardless of any negligence or carelessness on the part of Hidden Valley, AND WILL INDEMNIFY HIDDEN VALLEY RESORT FOR ANY AND ALL COSTS OR FEES, INCLUDING ATTORNEY'S FEES AND COSTS, ASSOCIATED WITH DEFENDING ANY CLAIM BROUGHT BY OR ON BEHALF OF THE UNDERSIGNED.

Notwithstanding the foregoing, I acknowledge and agree that any and all disputes will be litigated under Pennsylvania law in the Court of Common Pleas of Somerset County, Pennsylvania or the United States District Court for the Western District of Pennsylvania.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, INCLUDING THE RIGHT TO SUE, AND I SIGN IT FREELY, VOLUNTARILY, AND WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE DATE PHONE #
ADDRESS CITY, STATE ZIP CODE

FOR PARTICIPANTS UNDER 18 YEARS OF AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Hidden Valley Resort, but also to release and indemnify Hidden Valley Resort from any and all liabilities incident to his/her participation in snowtubing for his or herself, myself, my spouse, our heirs, assigns, and next of kin.

PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE # DATE SIGNED
Staff Initials \_\_\_\_\_