

MINOR LIABILITY RELEASE & PERMISSION FORM

MINOR NAME: _____ BIRTH DATE: _____

I, _____, give my son/daughter permission to participate in snow sports at Ober Gatlinburg, Inc. without myself being present and to use my VIP Pass (if applicable). I understand that although I am not personally present, I am responsible for my child and any actions taken by him/her, and that Ober Gatlinburg, Inc. and Gatlinburg Aerial Tramway, Inc. are not providing a child care service. I give the representatives of Ober Gatlinburg, Inc. permission to refrain my child from participating in snow sports in the event of any disciplinary actions.

I further understand that snow sports is a recreational activity that continually challenges the human spirit. Natural and man-made obstacles are part of the challenge of man against the mountain and the elements, but collisions with other snow sports participants or objects can cause permanent, catastrophic injury or death. I assume and understand that snow sports are a hazardous sport, the bare spots, variations in snow, ice and terrain along with bumps, moguls, stumps, forest growth and debris and rocks and many other hazards or obstacles exist within the ski area. In using the lift ticket and participating in snow sports at this area, such dangers are recognized and accepted whether they are marked or unmarked. I am aware that trail conditions vary constantly because of weather changes and snow sport participant use and that snowmaking and snowgrooming may be in progress at any time. I realize that falls and collisions do occur and injuries may result. I am knowledgeable that Tennessee has an assumed risk law and assume the burden for my child's snow sports participation under control at all times.

By allowing my child to rent equipment at Ober Gatlinburg, Inc. I agree to the following:

1. I accept for use as is the equipment issued and also accept responsibility for the care of the equipment while it is in my child's possession.
2. I agree that my child will return all rental equipment by the agreed date in clean condition to avoid any additional charges.
3. I agree to reimburse Ober Gatlinburg, Inc for any loss or damage of any kind other than reasonable wear, which results from the use of the equipment.
4. I understand that there are inherent and other risks involved in snow sports, for which the equipment is to be used, and injuries are common and an ordinary occurrence of the sport, and I freely assume those risks.
5. I understand that the ski-boot-binding-system will not release at all times or under all circumstances, nor is it possible to predict every situation in which it will release and it therefore is no guarantee for the safety of the user. I freely assume all risk of injury or harm associated therewith.
6. I hereby release and indemnify Ober Gatlinburg, Inc. from any and all liability and injury to my child or any person or property resulting from the selection, adjustment and use of the equipment, accepting myself the full responsibility for any and all such damage or injury which may result.

I, the undersigned, have read, understand and accept the preceding statements in their entirety. I agree that my minor child will cooperate with Ober Gatlinburg, Inc. regulations. I will accept full responsibility for any resulting injuries and therefore absolve Ober Gatlinburg, Inc., Gatlinburg Aerial Tramway, Inc., their representatives, employees, agents, officers and directors from any and all liability and claims while my child is unsupervised on Ober Gatlinburg, Inc. or Gatlinburg Aerial Tramway, Inc. premises.

PARENT/LEGAL GUARDIAN SIGNATURE:

PRINT PARENT/LEGAL GUARDIAN NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

EMERGENCY NAME: _____ EMERGENCY #: _____

Does your child have any medical problems, allergies, or is he/she on any medication? If yes, please explain:

Please bring form with you or return to: **Fax: 436-8245**

Renee Hicks ~ Ober Gatlinburg, Inc. ~ 1001 Parkway ~ Gatlinburg, TN 37738 ~ 865-436-5423



My student, _____, has permission to attend **The Refuge Student Ministry Winter Retreat 2019, in Pigeon Forge, TN (January 17-21)** with The Refuge Student Ministry.

I/We understand all reasonable safety precautions will be taken at all times by The Refuge Student Ministry and its agents during the events and activities.

I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency.

I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I/We agree not to hold The Refuge Student Ministry, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/guardian Name(Print): _____

Signature: _____

Emergency Contact: _____

Phone: _____

Secondary Emergency Contact: _____

Phone: _____

Authorization for Consent to Medical Treatment of Minor Child

I, _____, hereby authorize **Ryan Willis/ Refuge Student Ministry Chaperones** to give consent for all medical and/or surgical treatment that may be required for our child during The South Florence Baptist Church Refuge Student Ministry Winter Retreat

Child's Full Name _____

Date of birth _____

Child's

Physician: _____

Child's Allergies

Medications child is taking:

Important medical history

Date of last Tetanus Immunization _____

Home address of parent/guardian: _____

Parent/guardian Telephone # : _____

Emergency contact (other than parent/guardian): _____

Telephone: _____

Primary Medical Insurance Carrier

Member's Name

ID# _____ **Group #** _____

Signature of parent/guardian(s) _____

Date _____

Notary _____ **Date Notarized** _____

Commission Expiration Date: _____