

**Harrisburg Tubing Night
Great Bear Ski Valley
Permission Slip**

SIGNED PERMISSION SLIPS DUE: return to Harrisburg City Hall
by **Thursday, January 18, 2018**
(Permission/Liability Releases Required for ALL Participants)

EVENT DATE: January 22, 2018

EVENT LOCATION: Great Bear Ski Valley
5901 E. Rice Street
Sioux Falls, SD 57110

DEPARTURE LOCATION AND TIME: Harrisburg South Middle School
600 Cliff Avenue; Harrisburg, SD 57032
Bus departs for Great Bear about 3:45 pm

PICK-UP LOCATION AND TIME: Harrisburg South Middle School
600 Cliff Avenue; Harrisburg, SD 57032
Bus returns to Middle School about 9:30 pm

EVENT COST: **FREE for Harrisburg Residents**

PARTICIPANTS: Adult Supervision is required for children under 11 years old

WEATHER: Forecast is Daytime High of 33° and Low of 14°
Clear to Partly Cloudy, with winds 6 to 8 mph, gusting to 14-20 mph

DRESS: Dress appropriately for the conditions, layers are key with waterproof outer layer, warm hat, gloves and boots are recommended.

FOOD/SNACKS: Food and Snacks will be available for purchase from
Great Bear Ski Valley's

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DEPART LOCATION/TIME: Harrisburg's South Middle School at 3:45 pm

READ CAREFULLY BEFORE SIGNING

CONDUCT: I promise I will conduct myself in a courteous manner considerate of others. I will follow the directives of Great Bear staff. I will abide by all posted rules of tubing safety. I will tube under control in a manner consistent with my ability and without endangering others. I understand that my privileges to tube and be at Great Bear are subject to revocation for improper conduct.

RISKS: I understand that tubing involves significant risks of serious or fatal bodily injury or property damage from falls, collisions, overexertion, or otherwise caused by acts, omissions, or hazards related to hidden or visible objects, varying snow conditions, snowtubes, towers, fences, snow making, grooming or maintenance equipment. Crowd conditions or management, instruction or directions, injury assistance or treatment, or other causes like or unlike those listed. These risks are not always foreseeable. I freely and voluntarily assume all risks, known and unknown.

RELEASE: The undersigned hereby releases Great Bear Recreation Park, Inc., the City of Sioux Falls, the City of Harrisburg, its Parks and Recreation Board, and all of their elected officials, directors, volunteers, officers, employees, and agents from all liability for injures and damage to me, any of my children, or any property while participating in Harrisburg Tubing Night at Great Bear Ski Valley. The undersigned further agrees to defend, indemnify, and hold harmless Great Bear Recreation Park, Inc., the City of Sioux Falls, the City of Harrisburg, its Parks and Recreation Board, and all of their elected officials, directors, volunteers, officers, employees, agents, insurers, and self-insurance pool, from and against all liability, claims and demands, including any third party claim asserted against such parties. The undersigned hereby acknowledges and agrees that said agreement extends to all acts, omissions, negligence, or other fault of City of Sioux Falls, the City of Harrisburg, its Parks and Recreation Board, and all of their elected officials, directors, volunteers, officers, employees, and agents, and that said agreement is intended to be as broad and inclusive as permitted by the laws of the State of South Dakota. If any portion thereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

[signatures on following page]

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The undersigned acknowledges that he/she/they have completely read, understand, and agree to the above terms.

Date: _____

Participants Name: _____ Participants Signature: _____

Participants Name: _____ Participants Signature: _____

Participants Name: _____ Participants Signature: _____

Parents Name: _____ Parents Signature: _____

Email Address: _____

In case of emergency, I understand every effort will be made to contact me (or someone else noted on this form). In the event I cannot be reached, I hereby give permission to the medical personal selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent (Guardian) Signature: _____ Date: _____

Parents Phone Number: _____ Secondary Phone Number: _____

Allergies or other important information in an emergency: _____